5/30 FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 26, 2001 8:00 am **DOCUMENT # H13603 Secretary of State** 1. Entity Name 05-30-2001 90029 015 ***150.00 BARRIER DUNES DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1445 VIEUX CARRE 1445 VIEUX CARRE 8696 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 US 3. Mailing Address Principal Place of Business 210 H; Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 58-1581660 Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired us Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent na ata CONNER, ALBERT J JR. Street Address (P.O. Box Number is Not Acceptable) 2930 WELLINGTON CIR. S. STE 101 98 TALLAHASSEE FL 32308 hent for the pulpose of changing its egistered office or registered agent, or both, in the State of Florida 8. The above named entity submits a SIGNATURE (NOT) Registered Agent signature required when reinstating) FILE NOW! !FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payab e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 11. Addition ☐ Chance ☐ Delete TITLE TITLE NAME CONNER, ALBERT J JR. KAME STREET ADDRESS STREET ADDRESS 2930 WELLINGTON CIR S. -STE 101 CITY-ST-ZIP CITY-ST-ZIF TALLAHASSEE FL 32308 TITLE ☐ Change Addition Delete TITLE VSD NAME CONNER, MARK A HAME STREET ADORESS STREET ADDRESS 1445 VIEUX CARRE CITY-ST-782 (ITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Change Contible A TITLE ☐ Delete TITLE NAME YAME SIREET ADDRES : STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ A adition ☐ Delete TITLE TITLE NAME NAME STREET ADDREST STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Audition ☐ Change Delete TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP Change Addition TIFLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C TY-ST-ZIP CITY-ST-ZIP ne exemption stated in Section 119.07(3)(i), Florida Statutes. I turther certily that the informal on signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. Thereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that mod the corporation or the receiver or truetce empowered to execute this report is changed, or on an attachment with or address, with all other like empowered. SIGNATURE: