

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90068 013 ***150.00

000625

DOCUMENT # H22936

1. Entity Name

ISLES DEVELOPMENT CORPORATION

Principal Place of Business

1 FLA PK. DR. SOUTH
SUITE 107
PALM COAST FL 32137
US

Mailing Address

1 FLA. PK. DR. S.
SUITE 107
PALM COAST FL 32137
US

2. Principal Place of Business

3. Mailing Address

PO Box 35 3096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2059 Oak Marsh Drive

City & State
Fernandina Beach, Fla

City & State
Palm Coast, Fla

Zip
32034

Country
Nassau

Zip
32135

Country
Fla

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEREDITH, SANDRA
2699 LEE RD. SUITE #430
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRISHER, JAMES N.
2059 OAK MARSH DR
FERNANDINA BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VESTEY, SIDNEY S.
4902 SANDCASTLE CIRCLE
ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
CRISHER, GRACIE G.
2059 OAK MARSH DRIVE
FERNANDINA BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sydney S. Vestey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYDNEY S. VESTEY

Date

2-12-01

Daytime Phone #

CR2E034 (10/00)