

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001125

1. Entity Name  
A & E DEVELOPMENT OF NW FLORIDA, LLC

Principal Place of Business  
~~82 SIXTH STREET~~  
APLACHICOLA FL 32320

Mailing Address  
P.O. BOX 159  
PORT ST. JOE FL 32457

FILED

01 MAY 22 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
210 Hwy 98

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Port St. Joe FL

City & State

4. FEI Number 59-3523218

Applied For

Not Applicable

Zip  
32456

Country  
Gulf

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, MORRIS  
82 SIXTH STREET  
APLACHICOLA FL 32320

Name

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

210 Hwy 98  
City Port St. Joe

FL Zip Code 32456

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME ANCHOR VACATION PROPERTIES, INC.  
STREET ADDRESS 119 FRANKLIN BLVD.  
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 ☐ Delete

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

TITLE MGRM  
NAME EAGLE CONSTRUCTORS, INC.  
STREET ADDRESS 82 SIXTH STREET  
CITY-ST-ZIP APLACHICOLA FL 32320 ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 210 Hwy 98  
CITY-ST-ZIP Port St. Joe FL 32456

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)