

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90061 044 \*\*\*150.00

**DOCUMENT # P00000001770**

1. Entity Name

**MUIRFIELD DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

COX CLITHEROE, DILKE HOUSE, 1 MALET STREET  
 LONDON UK WC1E7JN

COX CLITHEROE, DILKE HOUSE, 1 MALET STREET  
 LONDON UK WC1E7JN

**U0049506**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40001 Emerald Coast Prkwy  
 Suite, Apt. #, etc.

40001 Emerald Coast Prkwy  
 Suite, Apt. #, etc.

City & State

Destin, FL 32541

City & State

Destin, FL 32541

4. FEI Number

59-3631342

Applied For

Not Applicable

Zip  
 32541

Country  
 USA

Zip  
 32541

Country  
 USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.  
 417 E. VIRGINIA STREET, STE. 1  
 TALLAHASSEE FL 32302

Name

Dana C. Matthews

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

607 Highway 98 East

City

Destin

FL

Zip Code  
 32541

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 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Barniv

02/02/01

Date

850 837 5181

Daytime Phone #

CR2E034 (10/00)