

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000038669**
 1. Entity Name: **Gulf Development Property, Inc.**

FILED

01 MAY 15 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
40001 Emerald Coast Pkwy **40001 Emerald Coast Pkwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Destin FL **Destin FL**
 Zip Country Zip Country
32541 **USA** **32541** **USA**

4. FEI Number Applied For
59-3702892 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Dana Mathews
Mathews & Hawkins PA
607 Hwy 98 East
Destin FL 32541

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	DIP	<input type="checkbox"/> Delete
NAME	William Adkinson	
STREET ADDRESS	502 Greenway Cove	
CITY-ST-ZIP	Niceville FL 32578	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Wayne Adkinson	
STREET ADDRESS	29874 US Hwy 331 South	
CITY-ST-ZIP	Freeport FL 32439	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Chad Adkinson	
STREET ADDRESS	816 C-6	
CITY-ST-ZIP	Freeport FL 32439	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Chad Adkinson** 4-17-01 850 6547211

CR2E034 (11/00)