

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91194 001 \*\*\*158.75

**DOCUMENT # P00000065046**

1. Entity Name  
**DUNES ESTATES DEVELOPMENT, INC.**

Principal Place of Business  
**12889 EMERALD COAST PARKWAY SUITE 111-A**  
**DESTIN FL 32541**  
**32550**

Mailing Address  
**12889 EMERALD COAST PARKWAY SUITE 111-A**  
**DESTIN FL 32541**  
**32550**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3656396</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip <b>32550</b>	Country	Zip <b>32550</b>	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BLUE, ROB JR</b> <b>221 MCKENZIE AVENUE</b> <b>PANAMA CITY FL 32401</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>D</b> <b>HENRY, TOMMY</b> <b>4063 BURNING TREE DRIVE</b> <b>DESTIN FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENRY, TOMMY</b> <b>724 Hwy 98 East, Unit 101</b> <b>Destin, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENRY, TODD R</b> <b>4063 BURNING TREE DRIVE</b> <b>DESTIN FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EARNST, TERRY</b> <b>225 TALQUIN COVE</b> <b>DESTIN FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:** *Thomas B. Henry, Jr.* **THOMAS B. HENRY, JR** 4-26-2002 (850) 654-4818  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)