ŝ	
œ	
u?	
0	
a	

## 2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

changed, or on an attachme

SIGNATURE:

## FILED May 21, 2001 8:00 am Secretary of State DOCUMENT # P0000076013 SANTA ROSA BEACH DEVELOPMENT ENTERPRISES, INC. 05-21-2001 90343 004 \*\*\*150.00 Principal Place of Business Mailing Address 36468 EMERALD COAST PARKWAY 36468 EMERALD COAST PARKWAY 658897 SUITE 2101 SUITE 2101 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 367857 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, CLIFF A Street Address (P.O. Box Number is Not Acceptable) 36468 EMERALD COAST PARKWAY **SUITE 2101** DESTIN FL 32541 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00> 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE COHEN, CLIFF A NAME NAME 36468 EMERALD COAST PARKWAY SUITE 2101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OUSLEY, RICHARD N NAME 36468 EMERALD COAST PARKWAY SUITE 2101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE \_ ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 accourate and that my signature shall have the same legal effect as if made under eath; 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute the receiver of t

ourate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director soute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered.



## SANTA ROSA BEACH DEVELOPMENT ENTERPRISES, INC. 36468 EMERALD COAST PARKWAY BUILDING 2, SUITE #2101 DESTIN, FLORIDA 32541

May 18, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madame,

Please excuse the lateness of this filing. We have recently hired a new secretary and due to training and lack of organization, your 2001 Uniform Business Report was misfiled. I had called your office today to explain the situation and was told to send in a letter of explanation and a check for \$150.00.

If you look at my past history, I have never been late in filing this report and due to circumstances beyond my control was late in filing,

If you have any questions regarding the above, please contact my office at (850) 837-3087. Thank you for you consideration in this matter.

Sincerely,

Cliff A. Cohen