

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90160 003 ***150.00

DOCUMENT # P02000062870

1. Entity Name
WEST FLORIDA LAND & DEVELOPMENT COMPANY



Principal Place of Business
913 GULF BREEZE PKWY STE 41
GULF BREEZE FL 32561

Mailing Address
913 GULF BREEZE PKWY STE 41
GULF BREEZE FL 32561



2. Principal Place of Business

147 LE PORT DRIVE
Suite, Apt. #, etc.

3. Mailing Address

147 LE PORT DR
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA BEACH FL

City & State
PENSACOLA BEACH FL

4. FEI Number
46-0500352

Applied For
☐ Not Applicable

Zip
32561

Country

Zip
32561

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALMER, RAYMOND B
913 GULF BREEZE PKWY STE 41
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name
W. PATRICK CASH
Street Address (P.O. Box Number is Not Acceptable)
147 LE PORT DRIVE
City
PENSACOLA BEACH FL **Zip Code**
32561

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X* *W. Patrick Cash*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/6/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
DPST ☒ Delete
NAME
PALMER, RAYMOND B
STREET ADDRESS
913 GULF BREEZE PKWY STE 41
CITY-ST-ZIP
GULF BREEZE FL 32561

TITLE
PRESIDENT, DIRECTOR ☐ Delete
NAME
CASH, W. PERRY
STREET ADDRESS
147 LE PORT DRIVE
CITY-ST-ZIP
PENSACOLA BEACH, FL 32561

TITLE
VICE PRES, DIRECTOR ☐ Delete
NAME
CASH, W. PATRICK
STREET ADDRESS
147 LE PORT DRIVE
CITY-ST-ZIP
PENSACOLA BEACH FL 32561

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Patrick Cash*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 *678-758-3118*
Date Daytime Phone #

CR2E034 (10/02)