2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000043353** Apr 24, 2000 8:00 am Secretary of State WINDSOR FOREST OF DESTIN, INC. 04-24-2000 90109 021 ***158.75 Principal Place of Business Mailing Address 1234 AIRPORT RD. 1234 AIRPORT RD. **SUITE 121** SUITE 121 DESTIN FL 32541 **DESTIN FL 32541-2925** 3. Mailing Address 2. Principal Place of Business BOX 5495 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3190983 DESTIN Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSHING, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1234 AIRPORT RD. SUITE 121 DESTIN FL 32541 Zip Code FL 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 DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE □ Delete TITLE RUSHING, JOHN R NAME NAME STREET ADDRESS 1234 AIRPORT RD., SUITE 121 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 TITLE ☐ Delete Change ☐ Addition NAME BLUE, F. LLOYD JR. NAME STREET ADDRESS %1234 AIRPORT RD., SUITE 121 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP - · · - - - Change -Delete TITLE ☐ Addition TITLE CADENHEAD, CHRIS NAME NAME STREET ADDRESS %1234 AIRPORT RD., SUITE 121 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 ☐ Delete ☐ Change ■ Addition TITI F TITLE JONES, C. WAYNE NAME NAME STREET ADDRESS %1234 AIRPORT RD., SUITE 121 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C!TY-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 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 attactment with an address, with all other like empowered.