

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066912

1. Entity Name

G N K DEVELOPMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90314 036 ***150.00

Principal Place of Business

Mailing Address

913 BEACHVIEW DRIVE
FT. WALTON BEACH FL 33547
US

913 BEACHVIEW DRIVE
FT. WALTON BEACH FL 33547
US

2. Principal Place of Business

913 Beachview Dr.
Suite, Apt. #, etc.

3. Mailing Address

913 Beachview Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT WALTON Beach

City & State

FT WALTON Beach FL

4. FEI Number

59-3211622

Applied For

Not Applicable

Zip
32547

Country

US

Zip
32547

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTCHENS, LAURIE
915 BEACHVIEW DRIVE
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name Keith WALL
Street Address (P.O. Box Number is Not Acceptable)
913 Beachview Dr.
City FT WALTON Beach FL Zip Code 32547

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 Keith WALL Keith WALL April 20 00
Signature, typed or printed name of registered agent and title if applicable. (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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	WALL, KEITH	
STREET ADDRESS	913 BEACHVIEW DR.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALL, KEITH	
STREET ADDRESS	3468 SHORELINE CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUTCHENS, LAURIE	
STREET ADDRESS	915 BEACHVIEW DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUTCHENS, LAURIE	
STREET ADDRESS	915 BEACHVIEW DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	913 Beachview Dr.	
STREET ADDRESS	FT WALTON Beach FL 32547	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith WALL	
STREET ADDRESS	913 Beachview Dr.	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith WALL	
STREET ADDRESS	913 Beachview Dr.	
CITY-ST-ZIP	FT WALTON Beach FL 32547	
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: Keith WALL Keith WALL April 20 00 850 862 1636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)