

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000018308**

1. Entity Name

GRAYTON BEACH DEVELOPERS, INC.**FILED****Mar 21, 2000 8:00 am**
Secretary of State

03-21-2000 90086 044 ***150.00

Principal Place of Business

**3812 WEST SCENIC
30A
SANTA ROSA BCH FL 32459**

Mailing Address

**624 MAIN STREET
MONTEVALLO AL 35115-4034
US**

00041137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4444 West Highway 30-A

3. Mailing Address

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

4. FEI Number

59-3232742

Applied For

Not Applicable

Zip

32459

Country

Santa Rosa

Zip

Country

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

6. Name and Address of Current Registered Agent

**WILDER, SUSAN P.
3812 WEST SCENIC SUITE 30A
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name

Susan P. Wilder

Street Address (P.O. Box Number is Not Acceptable)

4444 West Highway 30-A

City

Santa Rosa Beach**FL**

Zip Code

32459

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

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	WILDER, SUZAN P	
STREET ADDRESS	3812 WEST SCENIC STE 30A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 37459	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4444 West Highway 30-A	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: *X Susan P. Wilder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/00

Daytime Phone #

205-403-7500

CR2E034 (9/99)