## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P94000029026** May 01, 2000 8:00 am Secretary of State 1. Entity Name C.B. DEVELOPMENT, INC. 05-01-2000 90026 036 \*\*\*150.00 Mailing Address Principal Place of Business 35008 EMERALD COAST PKWY 35008 EMERALD COAST PKWY SUITE 400 SUITE 400 DESTIN FL 32541-4753 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 10065 US Hivy 98 West US Hwy 98 West Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite Applied For 4. FEI Number City & State City & State 58-2125917 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32541 Fee Required 32541 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---James FORBES, JAMIE III Box Number is Not Acceptable) 35008 EMERALD COAST PWKY SUITE 400 DESTIN FL 32541 8. The above named entity subpose this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Addition TITLE Forbes, James III FORBES, JAMIE III NAME NAME 10065 US Hwy 98 West STREET ADDRESS STREET ADDRESS 35008 EMERALD COAST PKWY STE 400 CITY-ST-ZIP Destin FL 32591 CITY-ST-ZIP DESTIN FL 32541 Change ☐ Addition ☐ Delete TITLE TITLE Kutland, W. Donald 10065 US Hwy 98. West RUTLAND, W. DONALD NAME , Stite C-4 35008 EMERALD COAST PKWY, STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Destin FL-CITY-ST-ZIP DESTIN FL 32541 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2 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 in changed, or on an attachment with an address, with all other like impowered.

SIGNATURE: Sull Tolon

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