

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042716

1. Entity Name

R & C DEVELOPMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90248 046 ***150.00

Principal Place of Business

Mailing Address

11714 W EMERALD COAST PARKWAY
 DESTIN FL 32541
 US

11714 W EMERALD COAST PARKWAY
 DESTIN FL 32541-6969
 US

2. Principal Place of Business

P.O. Box 6247

3. Mailing Address

P.O. Box 6247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin Florida

City & State

Destin Florida

4. FEI Number

59-3263583

Applied For

Not Applicable

Zip

32550

Country

USA

Zip

32550

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREWS, TERRY L
 46951 EMERALD COAST PARKWAY
 DESTIN FL 32541

Name

CREWS, Terry L

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

150 Colony Park Drive

City

Destin

FL

Zip Code

32541

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

Terry L Crews

Terry L Crews

4/29/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CREWS, TERRY L	
STREET ADDRESS	75 COCO COURT	
CITY-ST-ZIP	DESTIN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROY, CLEM	
STREET ADDRESS	10 CHURCH STREET	
CITY-ST-ZIP	BRYAND POND MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS Terry L	
STREET ADDRESS	105 Colony Park Drive	
CITY-ST-ZIP	Destin FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Terry L Crews
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #