

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045244

1. Entity Name

MARAVILLA DEVELOPMENT OF DESTIN, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90162 008 ***150.00

Principal Place of Business

Mailing Address

12 A COMMERCE DR
DESTIN FL 32541

P.O. BOX 5404
DESTIN FL 32540-5404

2. Principal Place of Business

3. Mailing Address

1234 Airport Rd

P.O. Box 5495

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 121

City & State

City & State

Destin FL

Destin FL

Zip

Country

Zip

Country

32541

USA

32540

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUE, ROB JR.
221 MCKENZIE AVE.
PANAMA CITY FL 32402

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P.
STREET ADDRESS RILEE, JOHN K
CITY-ST-ZIP 433 CALHOUN AVE
DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS RUSHING, JOHN R
CITY-ST-ZIP 1234 AIRPORT RD., STE. 121
DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BLUE, F. LLOYD JR.
CITY-ST-ZIP 1077 INDIAN TRAIL ROAD
DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS JONES, C. WAYNE
CITY-ST-ZIP ROUTE 1, BOX 76-A
FREEPORT FL 32439

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-2000

850-857-7803

CR2E034 (9/99)