

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90274 004 \*\*\*158.75

**DOCUMENT # P94000045244**

1. Entity Name

**MARAVILLA DEVELOPMENT OF DESTIN, INC.**

Principal Place of Business

**1234 AIRPORT RD  
 SUITE 121  
 DESTIN FL 32541**

Mailing Address

**P.O. BOX 5495  
 DESTIN FL 32540**

2. Principal Place of Business

3. Mailing Address

**P O BOX 945**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MARY ESTHER, FL**

Zip

Country

Zip

Country **USA**

**32569**

**OKALOOSA**

4. FEI Number

**59-3247678**

Applied For

Not Applicable

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

**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, 2002 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** ☐ Delete  
 NAME **RILEE, JOHN K**  
 STREET ADDRESS **433 CALHOUN AVE**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Rilee, John K.**  
 STREET ADDRESS **P O Box 5404**  
 CITY-ST-ZIP **Destin, FL 32540**

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

TITLE **S** ☒ Change ☐ Addition  
 NAME **Rushing, John R.**  
 STREET ADDRESS **1 Sleepy Hollow Drive**  
 CITY-ST-ZIP **Mary Esther, FL 32569**

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **Blue, F. Lloyd Jr.**  
 STREET ADDRESS **279 Grayton Trail**  
 CITY-ST-ZIP **Santa Rosa Beach FL 32459**

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **Jones, C. Wayne**  
 STREET ADDRESS **184 Twelve Oaks Lane**  
 CITY-ST-ZIP **Freeport, FL 32439**

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

**JOHN R. RUSHING 4-19-02 850-243-0099**

Date

Daytime Phone #

CR2E034 (9/01)