FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURES

## Feb 21, 2001 8:00 am DOCUMENT # P94000068666 **Secretary of State** 1. Entity Name SUNSAIL DEVELOPMENT CORPORATION 02-21-2001 90067 017 \*\*\*158.75 Principal Place of Business Mailing Address 1234 AIRPORT RD. POST OFFICE BOX 24 SUITE 121 DESTIN FL 32540 DESTIN FL 32540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3270234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLUE, F. LLOYD JR. Street Address (P.O. Box Number is Not Acceptable) 357 DEFUNIAK STREET SANTA ROSA BEACH FL 32459 City 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 it applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution, Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete ☐ Change Addition TITLE TITLE BLUE, F. LLOYD JR. NAME NAME 357 DEFUNIAK STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32459 Addition ☐ Change ☐ Delete TITLE TITLE RUSHING, JOHN R NAME NAME 1234 AIRPORT RD., #121 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL TITLE STD Delete TITLE Change ☐ Addition BLUE, SANDRA K. NAME NAME 1234 AIRPORT ROAD 121 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS 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 trust of 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.

MLUA JOHN F. RUSHING 1-19-01 850-343-0099

GNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESTRENT Date Dayline Phone #