

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90096 007 \*\*\*150.00

**DOCUMENT # P94000068666**

**1. Entity Name**  
**SUNSAIL DEVELOPMENT CORPORATION**

**Principal Place of Business**

**1234 AIRPORT RD.**  
**SUITE 121**  
**DESTIN FL 32540**

**Mailing Address**

**POST OFFICE BOX 24**  
**DESTIN FL 32540**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

**PO BOX 945**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**MARY ESTHER FL**

**Zip**

**Country**

**Zip**

**Country**

**32569**

**4. FEI Number**

**59-3270234**

**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, F. LLOYD JR.**  
**357 DEFUNIAK STREET**  
**SANTA ROSA BEACH FL 32459**

**Name**

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

**279 GRAYTON TRAIL**

**City**

**SANTA ROSA BCH FL**

**Zip Code**

**32459**

**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** ☐ Delete  
**NAME** **DP**  
**STREET ADDRESS** **BLUE, F. LLOYD JR.**  
**CITY-ST-ZIP** **357 DEFUNIAK STREET**  
**DESTIN FL 32459**

☒ Change ☐ Addition  
**TITLE**  
**NAME** **279 GRAYTON TRAIL**  
**STREET ADDRESS** **SANTA ROSA BCH FL**  
**CITY-ST-ZIP** **32459**

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

☒ Change ☐ Addition  
**TITLE**  
**NAME** **1 SLEEPY HOLLOW DR**  
**STREET ADDRESS** **MARY ESTHER FL**  
**CITY-ST-ZIP** **32569**

**TITLE** ☐ Delete  
**NAME** **STD**  
**STREET ADDRESS** **BLUE, SANDRA K.**  
**CITY-ST-ZIP** **1234 AIRPORT ROAD 121**  
**DESTIN FL**

☒ Change ☐ Addition  
**TITLE**  
**NAME** **RUSHING, SANDRA K**  
**STREET ADDRESS** **1 SLEEPY HOLLOW DR**  
**CITY-ST-ZIP** **MARY ESTHER FL**  
**32569**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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☐ Change ☐ Addition  
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**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.**

**JOHN R. RUSHING**

**SIGNATURE:**

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

**REQUIRED V-PRESIDENT**

**4/22/02**

**850-243-0099**

Date

Daytime Phone #

CR2E034 (9/01)