2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P95000013675** SUNSAIL PLAZA DEVELOPMENT CORPORATION 04-19-2000 90038 034 ***158.75 Principal Place of Business Mailing Address POST OFFICE BOX 24 357 DEFUNIAK STREET **DESTIN FL 32540-0024** SANTA ROSA BCH FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #. etc. City & State 4. FEI Number Applied For City & State 59-3298177 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLUE, F. LLOYD JR. Street Address (P.O. Box Number is Not Acceptable) 357 DEFUNIAK STREET SANTA ROSA BEACH FL 32459 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE BLUE, F L JR NAME NAME STREET ADDRESS 347 DEFUNIAK STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANT ROSA BEACH FL 32459 ☐ Change ☐ Addition TITLE Delete TITLE **BLUE, SANDRA K** NAME NAME STREET ADDRESS STREET ADDRESS 1234 AIRPORT ROAD 121 CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** Change Delete TITLE Addition TITLE RUSHING, JOHN R. NAME NAME STREET ADDRESS STREET ADDRESS 1234 AIRPORT ROAD 121 CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

JOHN R RUSHING 4/11/00 850-837-7403 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR