

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013675

1. Entity Name

SUNSAIL PLAZA DEVELOPMENT CORPORATION

Principal Place of Business

357 DEFUNIAK STREET  
SANTA ROSA BCH FL 32459  
US

Mailing Address

POST OFFICE BOX 24  
DESTIN FL 32540  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3298177

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD  
NAME BLUE, F L JR ☐ Delete  
STREET ADDRESS 347 DEFUNIAK STREET  
CITY-ST-ZIP SANT ROSA BEACH FL 32459

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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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:

*John R. Rushing*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R RUSHING  
VICE PRESIDENT

2-19-01

Date

850-243-0099

Daytime Phone #

CR2E034 (10/00)

0035017

FILED  
Feb 21, 2001 8:00 am  
Secretary of State

02-21-2001 90067 019 \*\*\*158.75



DO NOT WRITE IN THIS SPACE