

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024066

1. Entity Name

COMMODORE POINT DEVELOPERS, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90084 013 ***150.00

Principal Place of Business

385 HWY 98 E
SUITE 60
DESTIN FL 32541

Mailing Address

385 HWY 98 E
SUITE 60
DESTIN FL 32541

2. Principal Place of Business

4460 Legendary Dr.

3. Mailing Address

4460 Legendary Dr.

Suite, Apt. #, etc.
Ste. 400

Suite, Apt. #, etc.
Ste. 400

City & State
Destin, FL

City & State
Destin, FL

Zip
32541

Country
USA

Zip
32541

Country
USA

4. FEI Number 59-3307302

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGLER, MITCHELL W
300A WHARFIELD WAY
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
300A WHARFSIDE WAY

City

Jacksonville, FL

FL

Zip Code
32207

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 DP
NAME BOS, PETER H
STREET ADDRESS 385 HWY 98 E SUITE 60
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE V
NAME LORENZEN, DWIGHT
STREET ADDRESS 385 HWY. 98E, SUITE 60
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE S
NAME PARKER, WENDY
STREET ADDRESS 385 HWY. 98E, SUITE 60
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE VS
NAME LEGLER, MITCHELL W
STREET ADDRESS 385 HWY 98E SUITE 60
CITY-ST-ZIP DESTIN FL 32541 ☒ Delete

TITLE S
NAME BURKE, G
STREET ADDRESS 385 HWY 98E, STE 60
CITY-ST-ZIP DESTIN LF 32541 ☒ Delete

TITLE VT
NAME BUSFIELD, DAVID A
STREET ADDRESS 385 HWY 98E, STE #60
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME BOS, PETER H
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN, FL 32541 ☒ Change ☐ Addition

TITLE V
NAME LORENZEN, DWIGHT
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN, FL 32541 ☒ Change ☐ Addition

TITLE S
NAME PARKER, WENDY
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN, FL 32541 ☒ Change ☐ Addition

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

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

TITLE VT
NAME BUSFIELD, DAVID A
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN, FL 32541 ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. Bos

4/25/01

Date

850-337-8000

Daytime Phone #

CR2E034 (10/00)

0035253