2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am § Secretary of State DOCUMENT # P95000030208 1. Entity Name 04-18-2002 90343 004 ***150 DOUGLAS LANDING DEVELOPMENT COMPANY, INC. Principal Place of Business Mailing Address 24 JOANNA DRIVE 24 JOANNA DRIVE SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3307414 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 Name VANN, EUGENE N Street Address (P.O. Box Number is Not Acceptable) 24 JOANNA DRIVE #914 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 Signature, typed or printed name of registered agent and title if 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, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Pavable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition NAME VANN. MICHAEL L NAME STREET ADDRESS STREET ADDRESS 4201 CLIFF BOAD CITY-ST-ZIP **BIRMINGHAM AL 35222** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition PD NAME NAME vann, Eugene n STREET ADDRESS STREET ADDRESS 24 JOANNA DRIVE CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BEACH FL 32459 Collection [Change Delete TITLE TITLE ---☐ Addition 2VPD HILLY NAME NAME HILYT, CLYDE STREET ADDRESS STREET ADDRESS 7095 ELM STREET CITY-ST-ZIP CITY-ST-ZIP LONGMONT CO 80503 Change ☐ Addition TITLE ☐ Delete TITLE ST NAME NAME vann, donna STREET ADDRESS STREET ADDRESS 24 JOANNA DRIVE CITY-ST-ZIP CITY-ST-7IP SANTA ROSA BEACH FL 32459 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME OLIVER, II, JOHN P STREET ADDRESS STREET ADDRESS 324 SMOKERISE CITY-ST-ZIP CITY-ST-7IP DADEVILLE AL 36853 TITLE ☐ Delete TITLE ☐ Change □ Addition NAME OLIVER, MELISSA NAME STREET ADDRESS 324 SMOKERISE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DADEVILLE AL 36853

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 ENGENE N. VANN