

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035330

i. Entity Name

B & I DEVELOPERS OF NORTHWEST FLORIDA, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90001 026 ***278.00

Principal Place of Business 110 LOGAN LANE SUITE 1 CITY & STATE SANTA ROSA BEACH FL Zip 32459		Mailing Address 159 GRAYTON TRAIL ROAD SANTA ROSA BEACH FL 32459-5865 3. Mailing Address 110 LOGAN LANE SUITE 1 CITY & STATE SANTA ROSA BEACH FL Zip 32459	
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00023475



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BREAUX, J. MARK 159 GRAYTON TRAIL ROAD 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	
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P BEAUX, J. MARK 159 GRAYTON TRAIL ROAD SANTA ROSA BEACH FL 32459 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ST LEONESIO-IRACE, JANIE 159 GRAYTON TRAIL ROAD SANTA ROSA BEACH FL 32459 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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

2/4/00
Date

850-231-1248
Daytime Phone #

CR2E034 (9/99)