

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056388

1. Entity Name

POINTE SOUTH, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90231 021 ***150.00

Principal Place of Business Mailing Address
36468 EMERALD COAST PKWY 36468 EMERALD COAST PKWY
STE 1101 STE 1101
DESTIN FL 32541 DESTIN FL 32541-3723
US 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 59-3324984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOULTS, MICHAEL A
309 LAN-ROB LANE
DESTIN FL 32541

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHOULTS, MICHAEL A	
STREET ADDRESS	309 LAN-ROB LANE	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOULTS, BRADLEY T	
STREET ADDRESS	POST OFFICE BOX 5282 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	D	<input type="checkbox"/> Delete
NAME	GWIN, CURTIS H	
STREET ADDRESS	POST OFFICE BOX 1805 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOULTS, HOWARD RAY H	
STREET ADDRESS	POST OFFICE BOX 1805 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

850.837.3282

Daytime Phone #

CR2E034 (9/99)