

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082649

1. Entity Name

RESORT MANAGEMENT SERVICES-EMERALD COAST, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90026 038 ***150.00

Principal Place of Business

Mailing Address

35008 EMERALD COAST PKWY
 STE 400
 DESTIN FL 32541

35008 EMERALD COAST PKWY
 STE 400
 DESTIN FL 32541-4753

2. Principal Place of Business

3. Mailing Address

10065 US Hwy 98 West
 Suite, Apt. #, etc.
 Suite C-4

10065 US Hwy 98 West
 Suite, Apt. #, etc.
 Suite C-4

City & State
 Destin FL

City & State
 Destin FL

Zip 32541 Country Walton

Zip 32541 Country Walton

4. FEI Number 59-3348564

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

FORBES, JAMIE III
 35008 EMERALD COAST PKWY
 STE. 400
 DESTIN FL 32541

Name
 Street Address (P.O. Box Number is Not Acceptable)
 10065 US Hwy 98 W
 Suite C-4
 City Destin FL Zip Code 32541

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	P	<input type="checkbox"/> Delete
NAME	RUTLAND, DONALD W.	
STREET ADDRESS	35008 EMERALD COAST PKWY, STE. 400	
CITY-ST-ZIP	DESTIN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORBES, JAMIE III	
STREET ADDRESS	35008 EMERALD COAST PKWY, STE. 400	
CITY-ST-ZIP	DESTIN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACLIN, HENRY W.	
STREET ADDRESS	35008 EMERALD COAST PKWY, STE. 400	
CITY-ST-ZIP	DESTIN FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KEMPER-PLUMMER, CLARA	
STREET ADDRESS	35008 EMERALD COAST PKWY, STE. 400	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V Pres	<input type="checkbox"/> Delete
NAME	Jamie Forbes III	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rutland, Donald W.	
STREET ADDRESS	10065 US Hwy 98 West Suite C4	
CITY-ST-ZIP	Destin FL 32541	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forbes, Jamie III	
STREET ADDRESS	10065 US Hwy 98 West Suite C4	
CITY-ST-ZIP	Destin FL 32541	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maclin, Henry W	
STREET ADDRESS	10065 US Hwy 98 West Suite C4	
CITY-ST-ZIP	Destin FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice Pres	
STREET ADDRESS	Forbes, III Jamie	
CITY-ST-ZIP	10065 US Hwy 98 W Suite C-4	
	Destin FL 32541	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/99)