## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000019669** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name VENTANA DUNES, INC. 04-18-2000 90218 008 \*\*\*158.75 Principal Place of Business Mailing Address 1234 AIRPORT RD PO BOX 5495 **DESTIN FL 32540-5495** SUITE 121 DESTIN FL 32541 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3372206 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSHING, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1234 AIRPORT ROAD SUITE 121 DESTIN FL 32541 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 DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP Change ☐ Addition TITI E TITLE Delete RUSHING, RICHARD NAME NAME STREET ADDRESS 1234 AIRPORT RD, #121 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE JONES, C WAYNE NAME NAME 1234 AIRPORT RD, #121 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

JOHN R RUSHING 4-11-00 SIGNATURE: