## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P96000098910** May 04, 2000 8:00 am Secretary of State REGATTA BAY OFFICE DEVELOPERS, INC. 05-04-2000 90134 015 \*\*\*150.00 Principal Place of Business Mailing Address 385 HIGHWAY 98E 385 HIGHWAY 98E SUITE 60 SUITE 60 DESTIN FL 32541-2351 DESTIN FL 32541 1 2 4 4 4 4 4 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3415629 Not Applicable Country Zip Country Zip \$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 LEGLER, MITCHELL W Street Address (P.O. Box Number is Not Acceptable) 300A WHARFSIDE WAY JACKSONVILLE FL 32207 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE. DP ☐ Delete TITLE NAME NAME **BOS. PETER H** STREET ADDRESS STREET ADDRESS 385 HIGHWAY 98E, SUITE 60 CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** V/S X Delete TITLE ☐ Change X Addition TITLE CLAUSON, GREG LEGLER, MITCHELL W NAME STREET ADDRESS 385 HWY 98E, STE 60 STREET ADDRESS 385 HWY 98 E, 60 CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 **DESTIN FL** ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME LORENZEN, DWIGHT STREET ADDRESS STREET ADDRESS 385 HWY 98E, 60 CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME PARKER, WENDY NAME STREET ADDRESS STREET ADDRESS 385 HWY 98 E. 60 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL ☐ Addition ☐ Change TIT) F TITLE Delete NAME NAME Burke. G STREET ADDRESS STREET ADDRESS 385 HWY 98E, STE 60 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Change X Addition X Delete TITL F TITLE CLAUSON, GREG NAME BUSFIELD, DAVID A NAME STREET ADDRESS 385 HIGHWAY 98E, SUITE 60 STREET ADDRESS 385 HWY 98E, STE 60 CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 **DESTIN FL**

13. I hereby certify that the information supplied with this fing 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 ke empowered.

SIGNATURE:

ZURSE

4/28/00

850-654-6500

Daytime Phone #