

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90213 031 ***150.00

DOCUMENT # P96000101147

1. Entity Name
MIRAMAR PLACE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

323 PAGE BACON RD. #17
 MARY ESTHER FL 32569

323 PAGE BACON RD. #17
 MARY ESTHER FL 32569-1669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3424247**

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

MCMICHAEL, LISA V
323 PAGE BACON RD
#17
MARY ESTHER FL 32569

Name **Gary W. McMichael**
 Street Address (P.O. Box Number is Not Acceptable) **323 Page Bacon Rd #17**
 City **Mary Esther** **FL** Zip Code **32569**

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 *Gary W. McMichael*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1-14-00**

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 **PD** ☐ Delete
 NAME **MCMICHAEL, GARY W.**
 STREET ADDRESS **323 PAGE BACON RD #17**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **P, S, D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **MITCHELL, EARL**
 STREET ADDRESS **24 BAY DRIVE SE**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **V, D** ☒ Change ☐ Addition
 NAME **Earl S. Mitchell**
 STREET ADDRESS **300 SE Brooks St**
 CITY-ST-ZIP **Fwb FL 32548**

TITLE **TD** ☐ Delete
 NAME **MITCHELL, SYLVIE**
 STREET ADDRESS **24 BAY DRIVE SE**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **MCMICHAEL, LISA**
 STREET ADDRESS **323 PAGE BACON RD #17**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

Gary W. McMichael **1-14-00** **(850) 244-4143**