

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000017563

1. Entity Name  
FIFTH GREEN DEVELOPERS, INC.



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90116 033 \*\*\*150.00

0061232 AV

Principal Place of Business  
4460 LEGENDARY DRIVE  
SUITE 400  
DESTIN FL 32541

Mailing Address  
4460 LEGENDARY DRIVE  
SUITE 400  
DESTIN FL 32541

11020768



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3429436

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEGLER, MITCHELL W  
300A WHARFSIDE WAY  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME BOS, PETER H  
STREET ADDRESS 4460 LEGENDARY DRIVE SUITE 400  
CITY-ST-ZIP DESTIN FL 32541

TITLE V ☐ Change ☒ Addition  
NAME BOS, PETER H, III  
STREET ADDRESS 4460 Legendary Dr., Ste. 400  
CITY-ST-ZIP Destin, FL 32541

TITLE V ☐ Delete  
NAME LORENZEN, DWIGHT C  
STREET ADDRESS 4460 LEGENDARY DRIVE SUITE 400  
CITY-ST-ZIP DESTIN FL 32541

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

TITLE S ☐ Delete  
NAME PARKER, WENDY  
STREET ADDRESS 4460 LEGENDARY DRIVE SUITE 400  
CITY-ST-ZIP DESTIN FL 32541

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

TITLE VT ☐ Delete  
NAME BUSFIELD, DAVID A  
STREET ADDRESS 4460 LEGENDARY DRIVE SUITE 400  
CITY-ST-ZIP DESTIN FL 32541

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  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Parker SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (850) 337-8000

Date Daytime Phone #

CR2E034 (10/02)