

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 18, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000061969****1. Entity Name****SUNTECH RESORT DEVELOPERS OF FLORIDA, INC.****Principal Place of Business**

8120 SOUTH LAGOON DRIVE

PANAMA CITY BEACH
32408

FL

Mailing Address

8120 SOUTH LAGOON DRIVE

PANAMA CITY BEACH
32408

FL

2. Principal Place of Business

7100 DOLPHIN BAY BLVD

3. Mailing Address

7100 DOLPHIN BAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY

FL

City & State

PANAMA CITY

FL

4. FEI Number**59-3462375****Applied For****Not Applicable**Zip
32407Country
USZip
32407Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HUTCHISON EDWARD AJR
221 MCKENZIE AVEPANAMA CITY BEACH
32401

FL

US

7. Name and Address of New Registered Agent**Name**

HUTCHISON EDWARD AJR

Street Address (P.O. Box Number is Not Acceptable)

221 MCKENZIE AVE

City

PANAMA CITY

FL**Zip Code**
32401**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)

07/18/2000

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	SCHWARTZ CARLTON	600 DHIO AVE	LYNN HAVEN FL 32444	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	HUDLOW MIKE	8120 SOUTH LAGOON DRIVE	PANAMA CITY BEACH FL 32408	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	SHELTON HOWARD	8120 SOUTH LAGOON DRIVE	PANAMA CITY BEACH FL 32408	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	HUDLOW JO E	900 DPLOHIN HARBOUR DRIVE	PANAMA CITY FL 32407		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	HUDLOW MICHAEL W	900 DOLPHIN HARBOUR DRIVE	PANAMA CITY FL 32407		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: MICHAEL W. HUDLOW****PVDC 07/18/2000**