

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009073

1. Entity Name

STERLING DEVELOPMENT CORPORATION OF N.W. FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 2530  
SANTA ROSA BEACH FL 32459

P.O. BOX 2530  
SANTA ROSA BEACH FL 32459-2530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEAT, DAVID B  
4477 LEGENDARY DRIVE  
SUITE 202  
DESTIN FL 32541

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	COOK, JOHN RICHARD	P.O. BOX 2041 N/A	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BILLS, STEPHENS C	P.O. BOX 1557 N/A	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FULMER, TIMOTHY D	P.O. BOX 5438 N/A	DESTIN FL 32541	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BUTLER, LESTER J III	623 HIGHWAY 98E, #8	DESTIN FL 32541	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90084 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

59-3502021 APPLIED FOR

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Applied For

Not Applicable

CR2E034 (9/99)