## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000015506** May 17, 2000 8:00 am Secretary of State KELLY PLANTATION GOLF CLUB. INC. 05-17-2000 90925 019 \*\*\*150.00 Principal Place of Business Mailing Address 307 KELLY PLANTATION DR 307 KELLY PLANTATION DR **DESTIN FL 32541-3404** DESTIN FL 32541 υυτυυ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3496525 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Davage J. Runnels, III FLEET, H. BART Street Address (P.O. Box Number is Not Acceptable) 36468 Emerald Coast Parkway 1201 EGLIN PARKWAY SHALIMAR FL 32579 Suite 2201 Zip Code 32541 Destin the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enti Davage J. Runnels, III SIGNATURE (NOTE: Registered Agent signature required when reinstating) and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition D۷ TITLE ☐ Change TITLE ☐ Delete RUNNELS, DAVAGE J II NAME NAME STREET ADDRESS STREET ADDRESS 34851 EMERALD COAST PARKWAY CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change ☐ Addition ☐ Delete TITLE TITLE NAME MCNEIL, JOHN A JR NAME STREET ADDRESS 34851 EMERALD COAST PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP\_\_\_ DESTIN FL-32541 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BARRETT, BOB STREET ADDRESS 1400 URBAN CENTER DRIVE STE 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35242** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

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

NO TYPED OR PRINTED NAME SE SIGNING OFFICER OR DIRECTO