

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90356 041 ***150.00

DOCUMENT # P98000015506

1. Entity Name

KELLY PLANTATION GOLF CLUB, INC.

Principal Place of Business

**307 KELLY PLANTATION DR
 DESTIN FL 32541**

Mailing Address

**307 KELLY PLANTATION DR
 DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

34851 EMERALD COAST PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 150

City & State

City & State

DESTIN, FL

4. FEI Number

59-3496525

Applied For

Not Applicable

Zip **32541-3404**

Country

US

Zip **32541-3354**

Country

US

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

RUNNELS, DAVAGE J III

36468 EMEALD COAST PKWY

STE 2201

DESTIN FL 32541

Name

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

36468 EMERALD COAST PKWY

STE 2101

DESTIN, FL

FL

32541-3723

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, 2002 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 **DV** ☐ Delete
 NAME **RUNNELS, DAVAGE J II**
 STREET ADDRESS **34851 EMERALD COAST PARKWAY**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
 NAME **4324 CARRIAGE LN**
 STREET ADDRESS **DESTIN, FL 32541-3453**

TITLE **DP** ☐ Delete
 NAME **MCNEIL, JOHN A JR**
 STREET ADDRESS **34851 EMERALD COAST PARKWAY**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
 NAME **4502 OLDE PLANTATION PL**
 STREET ADDRESS **DESTIN, FL 32541-3425**

TITLE **DS** ☒ Delete
 NAME **BARRETT, BOB**
 STREET ADDRESS **1400 URBAN CENTER DRIVE STE 150**
 CITY-ST-ZIP **BIRMINGHAM AL 35242**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
 NAME **ST KLINE, THOMAS W.**
 STREET ADDRESS **220 MATTIES WAY**
 CITY-ST-ZIP **DESTIN, FL 32541-3421**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
 NAME **DV MCNEIL, J. GARRETT**
 STREET ADDRESS **4502 OLDE PLANTATION PL**
 CITY-ST-ZIP **DESTIN, FL 32541-3425**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ 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:

John A. McNeil, Jr.

4-30-02

850-650-9933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)