2000 UNIFORM BUSINESS REPORT (UBR)

6/

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FILED
Jul 06, 2000 8:00 am
Secretary of State
06-09-2000 90025 005 ***150.00

1. Entity Name
DEER POINT Developers, INC.

Principal Place of Business
4400 Bayou Blvd. #9
Pensacola, FL 32503

Mailing Address
P.O. Box 699
Gulf Breeze, FL 32561

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
350 Pensacola Beach Blvd
Suite, Apt. #, etc.
Suite 3
City & State
Gulf Breeze, FL
Zip
32561
Country
USA

3. Mailing Address
P.O. Box 699
Suite, Apt. #, etc.
Gulf Breeze, FL 32561
City & State
Zip
Country
USA

4. FEI Number 59-3516122 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Sydney D. Camper, III
~~P.O. Box 699~~
Gulf Breeze, FL 32561

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.

SIGNATURE [signature] 6/27/00
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

TITLE	D	☐ Delete
NAME	CAMPER, Sydney D III	
STREET ADDRESS	P.O. Box 699	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	☐ Delete
NAME	AKright, JAME E	
STREET ADDRESS	P.O. Box 699	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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: [signature] 5/30/00 850 916-7025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #