

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2000 8:00 am**
Secretary of State

02-16-2000 90051 035 ***150.00

DOCUMENT # P98000027149

1. Entity Name

SEADUNES DEVELOPMENT COMPANY, INC.

DUU15010



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10065 EMERALD COAST PARKWAY, SUITE C-3 DESTIN FL 32541	Mailing Address 10065 EMERALD COAST PARKWAY, SUITE C-3 DESTIN FL 32541-4920
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2. Principal Place of Business 1708 OLD HIGHWAY 98 Suite, Apt. #, etc.	3. Mailing Address 1708 OLD HIGHWAY 98 Suite, Apt. #, etc.
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City & State DESTIN FL	City & State DESTIN FL
Zip 32541	Country USA

4. FEI Number 59-3544298	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POPE, WILLIAM A 10065 EMERALD COAST PARKWAY, SUITE C-3 DESTIN FL 32541
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1708 OLD HIGHWAY 98 City FL Zip Code
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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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, WILLIAM A 10065 EMERALD COAST PARKWAY, SUITE C-3 DESTIN FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, WILLIAM A III 10065 EMERALD COAST PARKWAY, SUITE C-3 DESTIN FL 32541 <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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1708 OLD HIGHWAY 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1708 OLD HIGHWAY 98
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William A. Pope
FEB 16, 2000
850 837 4710