

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027149

1. Entity Name

SEADUNES DEVELOPMENT COMPANY, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90173 042 \*\*\*150.00

Principal Place of Business

1708 OLD HWY 98  
DESTIN FL 32541

Mailing Address

1708 OLD HWY 98  
DESTIN FL 32541

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 32550

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 32550

Country

4. FEI Number 59-3544298

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

32550

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>POPE, WILLIAM A</b> <b>1708 OLD HWY 98</b> <b>DESTIN FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>32550</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>POPE, WILLIAM A III</b> <b>1708 OLD HWY 98</b> <b>DESTIN FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>32550</b>
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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

4/27/01

Date

850 837 416

Daytime Phone #

CR2E034 (10/00)