

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91111 005 \*\*\*150.00

DOCUMENT # P98000040076

1. Entity Name

HIGH RISE DEVELOPMENT, INC.

Principal Place of Business

40001 EMERALD COAST PKWY  
DESTIN FL 32541

Mailing Address

40001 EMERALD COAST PKWY  
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3528017

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

MATTHEWS, DANA C  
607 HIGHWAY 98 EAST  
DESTIN FL 32541

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, 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

TITLE P  
NAME JOHNSON, EDWARD T  
STREET ADDRESS 307 OSCEOLA COURT  
CITY-ST-ZIP NICEVILLE FL 32578 ☒ Delete

TITLE W  
NAME Enrique Delarosa  
STREET ADDRESS 4070 Evans Rd  
CITY-ST-ZIP Niceville FL 32578 ☐ Change ☐ Addition

TITLE P  
NAME ADKINSON, W. MICHAEL  
STREET ADDRESS 502 GREENWAY COVE  
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE P  
NAME Adkinson, W. Michael  
STREET ADDRESS 502 Greenway Cove  
CITY-ST-ZIP Niceville FL, 32578 ☐ Change ☐ Addition

TITLE VPT  
NAME ADKINSON, WAYNE  
STREET ADDRESS 29874 US 331 SOUTH  
CITY-ST-ZIP FREEPORT FL 32439 ☐ Delete

TITLE VPT  
NAME Adkinson, Wayne  
STREET ADDRESS 29874 US 331 South  
CITY-ST-ZIP Freeport FL 32439 ☐ Change ☐ Addition

TITLE VPS  
NAME ADKINSON, CHAD  
STREET ADDRESS 334 E CALHOUN AVENUE  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE VPS  
NAME Adkinson Chad  
STREET ADDRESS 334 E-C  
CITY-ST-ZIP Freeport FL 32439 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)