## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000041024

RUTLAND FORBES COMPANY, INC.

Principal Place of Business

Mailing Address

35008 EMERALD COAST PARKWAY

2. Principal Place of Business

10065 US Huy 98 West

35008 EMERALD COAST PARKWAY SUITE 400

SUITE 400 DESTIN FL 32541

US

**DESTIN FL 32541-4753** 

3. Mailing Address

Suite

10065 US Hay 98 West

City & State

32541

Country

City & State

Country 32541

4. FEI Number 59-3540905

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

May 01, 2000 8:00 am Secretary of State

05-01-2000 90026 034 \*\*\*150.00

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

FORBES, JAMIE V 35008 EMERALD COAST PARKWAY

SUITE 400 DESTIN FL 32541

SIGNATURE

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

(HOTE, Registered Agent signature required when reinstating)

changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the o

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESICENT n ARE TITI F TITLE Delete Forbes, Jamie III FORBES, JAMIE III NAME NAME 10065 US Huy 98 West STREET ADDRESS 35008 EMERALD PKWY STE 400 STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP DESTIN FL 32541 Change ☐ Delete TITLE TITLE NAME U.S. Hwy 98 West NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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

SIGNATURE: