

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90369 009 \*\*\*150.00

**DOCUMENT # P98000050853**

1. Entity Name

**DUNE BREEZE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

P O BOX 5473  
NAVARRE FL 32566

P O BOX 5473  
NAVARRE FL 32566

2. Principal Place of Business

**536 Seawind Dr.**

3. Mailing Address

**PO Box 2572**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SANTA ROSA BEACH, FL.**

City & State

**SANTA ROSA BEACH, FL.**

Zip

Country

**32459**

**USA**

Zip

Country

**32459**

**USA**

4. FEI Number

**59-3520963**

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

**HEMBREE, MAXINE  
6298 CALLE DE HIDALGO  
NAVARRE FL 32566**

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's 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HEMBREE, WADE</b>	
STREET ADDRESS	<b>6298 CALLE DE HIDALGO</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HEMBREE, MAXINE</b>	
STREET ADDRESS	<b>6298 CALLE DE HIDALGO</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joe Havens</b>	
STREET ADDRESS	<b>40 Lagolla Cir</b>	
CITY-ST-ZIP	<b>Montgomery Tx 77356</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGARET HAVENS</b>	
STREET ADDRESS	<b>40 Lagolla Cir.</b>	
CITY-ST-ZIP	<b>Montgomery, Tx 77356</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: **WADE HEMBREE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/01**

CR2E034 (10/00)