

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90091 011 ***150.00

DOCUMENT # P98000050853

1. Entity Name

DUNE BREEZE DEVELOPMENT, INC.

Principal Place of Business

**536 SDAWIND DRIVE
 SANTA ROSA BEACH FL 32459**

Mailing Address

**P O BOX 2572
 SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

23 B Dune Breeze Lane

Suite, Apt. #, etc.

SANTA ROSA BEACH FL.

City & State

4. FEI Number

59-3520963

Applied For

Not Applicable

Zip
32459

Country
USA

Zip

Country

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

SIGNATURE

Signature, typed or printed name of registered agent and

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 HEMBREE, WADE
 6298 CALLE DE HIDALGO
 NAVARRE FL 32566**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 HEMBREE, MAXINE
 6298 CALLE DE HIDALGO
 NAVARRE FL 32566**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HAVERS, JOE
 40 LAJOLLA CIRCLE
 MONTGOMERY TX 77356**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HAVENS, MARGARET
 40 LAJOLLA CIRCLE
 MONTGOMERY TX 77356**

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

*PLEASE CHANGE ADDRESS
 of WADE & MAXINE
 Hembree to
 23-B Dune Breeze Lane
 SANTA ROSA BEACH FL.
 32459*

nt, or both, in the State of Florida.

(stating)

DATE

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

CTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 like empowered.

SIGNATURE: Wade Hembree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02 850-267-0018

CR2E034 (9/01)