2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P98000053819 1. Entity Name RESORT PROPERTY MANAGEMENT COMPANY OF DESTIN, IN 01-25-2001 90161 033 ***150.00 Principal Place of Business Mailing Address 15000 EMERALD COAST PKWY 15000 EMERALD COAST PKWY DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Resort Property <u>Management</u> Silver Shells Bch DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 15000 Cmeralo 5000 Cmera City & State City & State 4. FEI Number Applied For 59-3528247 ESTIN Not Applicable DESTIN \$8.75 Additional Country 7in Zip 5. Certificate of Status Desired Okaloos a Fee Required a 1005a 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 401 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103 Zip Code FL this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE BECNEL, DAMON NAME NAME STREET ADDRESS 15000 EMERALD COAST PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL 32541** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attackment with arrestdress, with all other like empowered.

FILED