

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90731 029 ***150.00

DOCUMENT # P98000063973

1. Entity Name
SANTA ROSA BEACH DEVELOPMENT CORP I



Principal Place of Business
13601 PERDITO KEY DRIVE
PENSACOLA FL 32507

Mailing Address
13601 PERDITO KEY DRIVE
PENSACOLA FL 32507



2. Principal Place of Business

3. Mailing Address

13601 Perdido Key Dr.

13601 Perdido Key Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number NOT APPLICABLE ☒ Applied For
Not Applicable

Zip 32507 **Country** USA

Zip 32507 **Country** USA

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

ROSEN, MARK L ESQUIRE
1380 NORTHEAST MIAMI GARDENS DR
SUITE 246
NORTH MIAMI BEACH FL 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ZOHOURI, FRED S
STREET ADDRESS 600 WEST PEACHTREE S., #1200
CITY-ST-ZIP ATLANTA GA 30308

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

TITLE VP ☐ Delete
NAME RETHATI, GEORGE O
STREET ADDRESS 13601 PERDITO KEY DRIVE
CITY-ST-ZIP PENSACOLA FL 32507

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George O. Rethati 1-20-03 850-492-2940

Date

Daytime Phone #

CR2E034 (10/02)