

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2001 90369 023 \*\*\*150.00

**DOCUMENT # P98000098280**

1. Entity Name  
**VANGUARD DEVELOPMENT, INC.**

Principal Place of Business  
**400001 EMERALD COAST PARKWAY  
 DESTIN FL 32541**

Mailing Address  
**400001 EMERALD COAST PARKWAY  
 DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3561897**

Applied For

Not Applicable

Zip

Country

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**

**MATTHEWS, DANA C  
 607 HIGHWAY 98 EAST  
 DESTIN FL 32541**

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<b>P</b>	<b>JOHNSON, EDWARD T</b>	<b>307 OSCEOLA COURT</b>	<b>NICEVILLE FL 32541</b>	<input checked="" type="checkbox"/>
<b>DP</b>	<b>ADKINSON, W M</b>	<b>502 GREENWAY COVE</b>	<b>NICEVILLE FL 32578</b>	<input type="checkbox"/>
<b>VT</b>	<b>ADKINSON, WAYNE</b>	<b>29874 US HWY 331 S</b>	<b>FREERPORT FL 32439</b>	<input type="checkbox"/>
<b>VS</b>	<b>ADKINSON, CHAD</b>	<b>334-B CALHOUN AVE.</b>	<b>DESTIN FL 32541</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>DP</b>	<b>Mike Adkinson</b>	<b>502 Greenway Cove</b>	<b>Niceville FL 32578</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>VPT</b>	<b>Wayne Adkinson</b>	<b>29874 US Hwy 331 S</b>	<b>Freeport FL 32439</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>VPS</b>	<b>Adkinson, Chad</b>	<b>814 C-G</b>	<b>Freeport, FL 32439</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** Chad Adkinson **Chad Adkinson** 02/02/01 (850) (547-1211)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)