## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P98000102171 05-17-2001 91334 045 \*\*\*150.00 CORNERSTONE DEVELOPMENT GROUP, INC. Mailing Address Principal Place of Business 34851 EMERALD COAST PKWY 34851 EMERALD COAST PKWY STE 150 STE 150 00053825 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3560422 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUNNELS, DAVAGE J III 36468 EMEKALO COAST PKWY 36468 EMERALD COAST PKWY., S-2201 DESTIN FL 32541 BLDG II, SUITE 2101 City DESTIN 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 ADDRESS CHANGE ONL SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition DPT TITLE ☐ Delete TITLE MCNEIL, JR, JOHN A NAME NAME STREET ADDRESS 4502 OLDE PLANTATION PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change Addition DVS ☐ Delete TITLE TITLE RUNNELS, JR, DAVAGE J NAME NAME 34851 EMERALD COAST PKWY, STE 150 106 WAYNELL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT WALTON BCH FL Change \_\_\_ Addition\_ Delete TITLE TITLE MCNEIL, GARRETT NAME 34851 EMERALD COAST PRWY, STE 150 DESTIN, FL 32541 NAME 5402 OLDE PLANTATION PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date

Date