## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000102171

Entity Name: CORNERSTONE DEVELOPMENT GROUP, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
34851 EMERALD COAST PKWY STE 150 DESTIN, FL 32541				34851 EMERALD COAST PKWY STE 150 DESTIN, FL 325413354 US			
Current Mailing Address:				New Mailing Address:			
34851 EMERALD COAST PKWY STE 150 DESTIN, FL 32541				34851 EMERALD COAST PKWY STE 150 DESTIN, FL 325413354 US			
FEI Number:	59-3560422	FEI Number Applied For ( )	El Number Ne	ot Appli	cable ( )	Certificate of S	Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
RUNNELS, DAVAGE J III 36468 EMERALD COAST PKWY. BLDG. II, SUITE 2101 DESTIN, FL 32541 The above named entity submits this statement for the purpose of				RUNNELS, DAVAGE J III 36468 EMERALD COAST PKWY. STE 2101 DESTIN, FL 325413723 US			
in the State		upmits this statement for the purp	ose or cnan	iging it	s registered	office or registe	ered agent, or both,
SIGNATURE:				05/01/2002			
Electronic Signature of Registered Agent  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	DPT () MCNEIL,JR, JOI 4502 OLDE PLA DESTIN, FL 329	NTATION PL	Title: Name: Addre: City-S	ss:	MCNEIL, JOH	LANTATION PL	lition
Title: Name: Address: City-St-Zip:	RUNNELS,JR, D	D COAST PKWY, STE. 150	Title: Name: Addre: City-S	ss:	DV (X RUNNELS,, DA 4324 CARRIA DESTIN, FL 3	GE LN	lition
Title: Name: Address: City-St-Zip:	MCNEIL, GARRI	D COAST PKWY, STE 150	Title: Name: Addre: City-S	SS:	MCNEIL, J. G	LANTATION PL	ition
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Addre: City-S	ss:	HALTER, V R 2355 LOG CA	) Change (X) Add BIN DR SE STE 22 300807014 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Addre: City-S	SS:	ST ( KLINE, THOM, 220 MATTIES DESTIN, FL 3	WAY	ition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. KLINE S 05/01/2002