

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008568

1. Entity Name

DESIGNSCAPES OF FORT WALTON BEACH FLORIDA, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90024 006 \*\*\*150.00

Principal Place of Business

Mailing Address

103 BASS AVENUE  
FT. WALTON BEACH FL

PMB #257  
117 RACETRACK ROAD  
FT. WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3561741

Applied For

Not Applicable

Zip

Country

Zip

Country

32547

USA

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

HOLDER, CURTIS C  
101 PINE HAVEN DR.  
MARY ESTHER FL 32569

Name **Curtis C. HOLDER**

Street Address (P.O. Box Number is Not Acceptable)

7340 MANATEE

City **NAVARRE**

FL

Zip Code

32566

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, 2000 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 **D** ☒ Delete  
NAME **HOLDER, CURTIS C**  
STREET ADDRESS **101 PINE HAVEN DR.**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☒ Change ☐ Addition  
NAME **HOLDER, CURTIS C.**  
STREET ADDRESS **7340 MANATEE**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE **D** ☒ Delete  
NAME **MEADE, TONY M**  
STREET ADDRESS **334 AUSTIN AVE.**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☒ Change ☐ Addition  
NAME **MEADE, TONY M.**  
STREET ADDRESS **101 PINEHAVEN DR.**  
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DR. EDDY** ☐ Change ☒ Addition  
NAME **EDDY, DANN B.**  
STREET ADDRESS **3710 MISTY WAY**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANN B. EDDY, DR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 MAR 14, 2000 850 362-1026

Date

Daytime Phone #

CR2E034 (9/99)