## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

1. Enflty Na	JMENT # P99000		ion l		May 30, 2 Secretar		te
Principal Pla	ace of Business	Mailing Address			i e		
610 GRAND BLVD. STE. 200 DESTIN FL 32541		810 GRAND BLVD. STE. 200 DESTIN FL 32541-7838					_
2. Principal Place of Business		3. Mailing Address					The state of the s
Suite, Apt. #, etc.		Suite, Apt. #, etc.		الار	DO NOT WR	ITE IN THIS SPACE	
City & State		City & State			4. FEI Number 591-35001 0710	5	Applied For
Zip Country *		Zip Country			5. Certificate of Status Desired		Additional uired
	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			Street /	Address (F	P.O. Box Number is Not Acceptable	FL Zip C	Code
Tax filing	Signature, typed or printed name of registered agent a poration is eligible to satisfy its Intangible requirement and elects to do so, eria on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable	Fee will be \$	00 550.00	10. Election Campaign Fi	+-	i.00 May Be ded to Fees
11.	OFFICERS AND I		12_		ADDITIONS/CHANGES TO OF	ICERS AND DIRECTO	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dest Dest	pel 12. Taylor Sayllaven Ct. Hin. PL 32541	☐ Chang	e <b>C</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronn 114	ic Willis Country Club Dr., b	Change	e 🔲 Addilio
NAME STREET ADDRESS CITY-ST-ZIP		- Delete	NAME STREET ADDRESS CITY-ST-ZIP	196 70hr 16	Kosko Southshore Dr.,	□ Change #24	8 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	51T 1. Ke 300	eane Taylor on Bay Villa D	☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Ociete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🗍 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
indicated of the con	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the content of the conte	rue and accurate and that my s rered/to execute this report as	signatura chalf h	ave the sai	me legal effect as if made under d	nath: Inat i am an onice	er or director