

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90039 023 \*\*\*150.00

**DOCUMENT #** P99000022102  
**1. Entity Name\***  
 Pintail Development Corporation ✓

**Principal Place of Business**      **Mailing Address**  
 610 GRAND BLVD. STE. 200      610 GRAND BLVD. STE. 200  
 DESTIN FL 32541      DESTIN FL 32541-7838

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Zip**      **Country \***      **Zip**      **Country**

**4. FEI Number**      **Applied For**  
 59-3560107105       **Not Applicable**  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 MATTHEWS, DANA C  
 607 HIGHWAY 98 EAST  
 DESTIN FL 32541

**7. Name and Address of New Registered Agent**  
 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 reconstating)

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 \$250.00**  
**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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Taylor
STREET ADDRESS	39 Bay Haven Ct.
CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Ronnie Willis
STREET ADDRESS	116 Country Club Dr., W
CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP John Kosko
STREET ADDRESS	126 Southshore Dr., #24
CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIT J. Keane Taylor
STREET ADDRESS	3007 Bay Villa Dr.
CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 any other like empowered.**

**SIGNATURE:** *L. Willis V.P.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

4/30/00      850-622-1901  
 Date      Daytime Phone #