

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040788

1. Entity Name
KAYLAND PROPERTIES, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90004 034 ***150.00

Principal Place of Business
151 REGIONS WAY, STE. 2-C
DESTIN FL 32541

Mailing Address
151 REGIONS WAY, STE. 2-C
DESTIN FL 32541

2. Principal Place of Business

651 Don Bishop Rd.
Suite, Apt. #, etc.

3. Mailing Address

651 Don Bishop Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Santa Rosa Beach, FL

City & State
Santa Rosa Beach, FL

4. FEI Number 59-3576440

Applied For
Not Applicable

Zip
32459

Country
USA

Zip
32459

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKS, AMELIA D
151 REGIONS WAY, STE. 2-C
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
Wilks, Amelia D
Street Address (P.O. Box Number is Not Acceptable)
651 Don Bishop Rd.
City
Santa Rosa Beach FL Zip Code
32459

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 *Amelia Wilks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/01
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, M.C. 151 REGIONS WAY STE 2C DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILKS, AMELIA D 151 REGIONS WAY STE 2C DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
651 Don Bishop Rd. Santa Rosa Beach, FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
651 Don Bishop Rd. Santa Rosa Beach, FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amelia Wilks 3-21-01 850-267-4949

CR2E034 (10/00)