

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91334 003 \*\*\*150.00

0035649

**DOCUMENT # P99000051054**

1. Entity Name

**STERLING SHORES 300, INC.**

Principal Place of Business

**34851 EMERALD COAST PKWY  
 150  
 DESTIN FL 32541**

Mailing Address

**34851 EMERALD COAST PKWY  
 150  
 DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 150**

Suite, Apt. #, etc.

**SUITE 150**

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**RUNNELS, DAVAGE J III  
 36468 EMERALD COAST PARWAY STE. 2201  
 DESTIN FL 32541**

7. Name and Address of ~~Current~~ Registered Agent

Name

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

**36468 EMERALD COAST PKWY**

**BLDG II, SUITE 2101**

City **DESTIN**

FL

Zip Code **32541**

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.

**(ADDRESS CHANGE ONLY)**

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, 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 **D** ☒ Delete  
 NAME **RUNNELS, DAVAGE J III**  
 STREET ADDRESS **64 ANTILLES COVE**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition  
 NAME **DP**  
 STREET ADDRESS **RUNNELS JR, DAVAGE J**  
 CITY-ST-ZIP **34851 EMERALD COAST PKWY, STE 150  
 DESTIN, FL 32541**

TITLE ☐ Change ☒ Addition  
 NAME **DV**  
 STREET ADDRESS **MCNEIL JR, JOHN A**  
 CITY-ST-ZIP **4502 OLDE PLANTATION PLACE  
 DESTIN, FL 32541**

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

TITLE ☐ Change ☐ Addition  
 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVAGE J RUNNELS 04/30/01 850-650-9933**

Date

Daytime Phone #

CR2E034 (10/00)