

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091426

1. Entity Name  
EAST PASS INVESTORS, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90084 015 \*\*\*150.00

Principal Place of Business

385 HIGHWAY 98 EAST  
SUITE 60  
DESTIN FL 32541

Mailing Address

385 HIGHWAY 98 EAST  
SUITE 60  
DESTIN FL 32541

C0059886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4460 Legendary Dr.

3. Mailing Address

4460 Legendary Dr.

Suite, Apt. #, etc.

Ste. 400

Suite, Apt. #, etc.

Ste. 400

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number 59-3603799

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32541

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEGLER, MITCHELL W  
300A WHARFSIDE WAY  
JACKSONVILLE FL 32207

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOS, PETER H  
385 HIGHWAY 98 EAST, SUITE 60  
DESTIN FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BOS, PETER H  
4460 LEGENDARY DRIVE, SUITE 400  
DESTIN, FL 32541 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
BUSFIELD, DAVID  
4460 LEGENDARY DRIVE  
DESTIN, FL 32541 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PARKER, WENDY  
4460 LEGENDARY DRIVE, SUITE 400  
DESTIN, FL 32541 ☐ Change ☒ Addition

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

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

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

Peter H. Bos

4/25/01

Date

850-337-8000

Daytime Phone #

CR2E034 (10/00)