

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90055 022 ***150.00

DOCUMENT # V08383

1. Entity Name
PELICAN POINT HARBOR, INC.

Principal Place of Business

Mailing Address

385 HWY 98 E
 SUITE 60
 DESTIN FL 32541

385 HWY 98 E
 SUITE 60
 DESTIN FL 32541

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

Zip
 32541

Country

USA

Zip
 32541

Country

USA

4. FEI Number **59-3110937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL W LEGLER
300 A WHARFSIDE WAY
JAX. FL 32207

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 re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE **DP** ☐ Delete
 NAME **BOS, PETER H**
 STREET ADDRESS **385 HWY 98 E, STE 60**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **V** ☒ Delete
 NAME **CLAUSON, GREG D**
 STREET ADDRESS **385 HWY 98 E, STE 60**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **V** ☐ Change ☒ Addition
 NAME **CRAUL, BRUCE**
 STREET ADDRESS **4460 LEGENDARY DRIVE, SUITE 400**
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **S** ☐ Delete
 NAME **PARKER, WENDY**
 STREET ADDRESS **385 HWY. 98 E.**
 CITY-ST-ZIP **DESTIN FL**

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

TITLE **VS** ☒ Delete
 NAME **LEGLER, MITCHELL W**
 STREET ADDRESS **385 HWY 98 E, STE 60**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **VT** ☐ Delete
 NAME **BUSFIELD, DAVID A**
 STREET ADDRESS **385 HWY 98E, STE 60**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **VT** ☒ Change ☐ Addition
 NAME **BUSFIELD, DAVID A**
 STREET ADDRESS **4460 LEGENDARY DRIVE, SUITE 400**
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
 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 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)