## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 04, 2000 8:00 am Secretary of State **DOCUMENT # V55755** 1. Entity Name FLORIDIAN HOMES OF CRYSTAL BEACH, INC. 05-04-2000 90187 039 \*\*\*150.00 Principal Place of Business Mailing Address 2931 SCENIC HWY 98 2931 SCENIC HWY 98 SUITE 8 DESTIN FL 32541 **DESTIN FL 32541-3597** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3133728 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FULMER, TIMOTHY D Street Address (P.O. Box Number is Not Acceptable) 2931 SCENIC HWY 98 DESTIN FL 32541 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. ŧΠ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME FULMER, MILTON H STREET ADDRESS STREET ADDRESS 2931 SCENIC HWY 98 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change ☐ Addition TITLE VD Delete 🔀 TITLE. NAME NAME Durst, Justin STREET ADDRESS STREET ADDRESS 814 N LAKESIDE DR CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 Change ☐ Addition TITLE ☐ Delete TITLE NAME BUTLER, LESTER J NAME STREET ADDRESS STREET ADDRESS 4477-LESENDARY=TR, SUITE 101--- -CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change ☐ Addition ☐ Delete TITLE FULMER, MILTON H NAME STREET ADDRESS STREET ADDRESS 4592 WOOD WIND DR CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change Addition Delete TITLE TITLE NAME WILLIAMS, STEVE NAME STREET ADDRESS STREET ADDRESS 7700 PRESERVATION RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 Delete TITLE Change ☐ Addition TITLE NAME ANDERSON, JAMES R NAME STREET ADDRESS STREET ADDRESS 4178 WHITETAIL CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32578

13. I hereby certify that the information supplied with this filling 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 employered 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 after like empowered.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (250) 837-778

FILED