

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90028 027 ***150.00

DOCUMENT # 539705

1. Entity Name
QUAIL HOLLOW, INC.

Principal Place of Business 1505 TYNDALL DR. PANAMA CITY FL 32401	Mailing Address 1505 TYNDALL DR. PANAMA CITY FL 32401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *Same* City & State *Same*

Zip Country Zip Country

4. FEI Number **59-1869628** 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

**ANTHONY, J CALVIN
 1505 TYNDALL DR
 PANAMA CITY FL 32404**

Name
 Street Address (P.O. Box Number is Not Acceptable)
Same
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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, 2000 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUBNOW, HAROLD A 1918 DEWITT ST. PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANTHONY, J. CALVIN 1505 TYNDALL DRIVE PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARRETT, ARTHUR G 403 WOOD TRAIL PANAMA CITY FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, GEORGE G 1800 N. EAST AVE. CEDAR GROVE FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERITT, WILLIAM A 5118 DEEP BAYOU DR. PANAMA CITY FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, NOLAN K 108 W. BALDWIN PANAMA CITY FL 32405 <input type="checkbox"/> Delete	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: *J. Calvin Anthony* (**J. CALVIN ANTHONY**) Date: *Feb. 13, 2000* Daytime Phone #: *(850) 785-8092*

CR2E034 (9/99)