

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90127 012 ****61.25

DOCUMENT # 702348

1. Entity Name

OKALOOSA-WALTON BAR ASSOCIATION, INC.

Principal Place of Business

25 WATER MARTIN RD NE
 FT WALTON BCH FL 32548
 US

Mailing Address

PO BOX 22379
 FT. WALTON BEACH FL 32549
 US

2. Principal Place of Business

50 Corte Palma

Suite, Apt. #, etc.

City & State

Santa Rosa Beach

Zip

32459

Country

USA

3. Mailing Address

PO Box 22379

Suite, Apt. #, etc.

Ft. Walton Beach, FL

City & State

Zip

32549

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VIOLETTE, MARK
4481 LEGENDARY DRIVE
SUITE 200
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

MELISSA E. JOHNSON

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

50 Corte Palma

City

Santa Rosa Beach

FL

Zip Code

32459

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

Melissa E. Johnson

Melissa E. Johnson, President 7/1/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **SHAW, TIMOTHY**
 STREET ADDRESS **207 FLORIDA PLACE SE**
 CITY-ST-ZIP **FT WALTON BEACH FL 32549**

TITLE **DV** ☐ Delete
 NAME **JOHNSON, MELISSA E**
 STREET ADDRESS **151 REGIONS WAY, SUITE 6-A**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **SD** ☐ Delete
 NAME **WHITEHEAD, SCOTT**
 STREET ADDRESS **4507 FURLING LANE SUITE 209**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **DT** ☐ Delete
 NAME **VIOLETTE, MARK**
 STREET ADDRESS **4481 LEGENDARY DRIVE SUITE 200**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **Melissa E. Johnson**
 STREET ADDRESS **50 Corte Palma**
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **Scott Whitehead**
 STREET ADDRESS **4507 Furling Lane, Suite 209**
 CITY-ST-ZIP **Destin, FL 32541**

TITLE **S, D** ☒ Change ☐ Addition
 NAME **Richard Johnson**
 STREET ADDRESS **204 Buck Drive**
 CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

TITLE **T, D** ☒ Change ☐ Addition
 NAME **Daniel O'Rourke**
 STREET ADDRESS **607 Highway 98**
 CITY-ST-ZIP **Destin, FL 32541**

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa E. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02

Date

850-598-6810

Daytime Phone #

CR2E037 (9/01)