

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731837

1. Entity Name

BAY POINT STUDIO VILLAS III ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90083 038 ****61.25

Principal Place of Business

Mailing Address

BAY POINT
BOX 9368
PANAMA CITY FL 32417-9368

BAY POINT
BOX 9368
PANAMA CITY FL 32417-9368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1799289

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARD, RUSTY
BAY POINT
PANAMA CITY FL 32411

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME HANAHAN, LABRUCE
STREET ADDRESS 1817 W MAIN, SUITE II
CITY-ST-ZIP DOTHAN AL

TITLE STD ☐ Delete
NAME REW, CONNIE
STREET ADDRESS 242 CHURCHILL CIR
CITY-ST-ZIP LEESBURG FL

TITLE D ☐ Delete
NAME ALLISON, BILL
STREET ADDRESS BAY POINT UNIT 278
CITY-ST-ZIP PANAMA CITY FL

TITLE PD ☐ Delete
NAME WHEELLESS, HUGH
STREET ADDRESS BAY POINT UNIT 183
CITY-ST-ZIP PANAMA CITY FL

TITLE VD ☒ Delete
NAME CORLEY, DEBBIE
STREET ADDRESS 121 COPLAND DR
CITY-ST-ZIP HAMILTON GA 31811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00

Date

Daytime Phone #

CR2E037 (9/99)