

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732489

1. Entity Name

WES VIC HOLIDAY SANDS PROPERTY OWNERS' ASSOCIATI

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90137 011 ****61.25

00000111



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1822 SUNNY OAK STREET
GULF BREEZE FL 32561

Mailing Address

1822 SUNNY OAK STREET
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2451418

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

Name

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

City

FL

Zip Code

ZERANGUE, CLIFFORD J
1734 SUNNY OAK ST
GULF BREEZE FL 32561

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
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LAMBETH, JAMES
1710 SUNNY OAK ST.
GULF BREEZE FL 32561 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BD
GRADY NORTON
1706 SUNCREST ST
GULF BREEZE FL 32561 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BD
ROGUES, JOHN
2370 MASTER BLVD
GULF BREEZE FL 32561 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BD
RALPH POWELL
1703 SUNCREST
GULF BREEZE FL 32561 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BD
WADE, GENE
1758 SUNNY OAK
GULF BREEZE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BD
CALLIS, WM JR
1759 SUNCREST
GULF BREEZE FL 32561 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CALLIS, WM. JR
1759 SUNCREST
GULF BREEZE FL 32561 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
MARLENE M. OTT
1741 SUNNY OAK ST.
GULF BREEZE FL 32561 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OTT, RAYMOND C
1741 SUNNY OAK STREET
GULF BREEZE FL 32561 ☐ Delete

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

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

1-17-01 850-936-9268
Date Daytime Phone #

CR2E037 (10/00)