

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90115 005 ****61.25

DOCUMENT # 756271

1. Entity Name

FONTAINEBLEAU TERRACE OWNERS ASSOCIATION, INC.

Principal Place of Business

**14401 FRONT BEACH RD
 PANAMA CITY BEACH FL 32413**

Mailing Address

**14401 FRONT BEACH RD
 PANAMA CITY BEACH FL 32413**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**MORRIS, BARBARA
 14401 FRONT BEACH ROAD
 UNIT 232
 PANAMA CITY BEACH FL 32413**

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

Barbara Morris, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

1/16/02

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 **DP** ☐ Delete
 NAME **MCDONALD, RAY**
 STREET ADDRESS **2353 COUNTY LINE CHURCH RD**
 CITY-ST-ZIP **WARM SPRINGS GA 31830**

TITLE **DVP** ☐ Change ☒ Addition
 NAME **SHARPE, DAVID**
 STREET ADDRESS **14401 FRONT BEACH RD**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **D** ☒ Delete
 NAME **MOSS, TONY**
 STREET ADDRESS **14401 FRONT BEACH RD**
 CITY-ST-ZIP **PANAMA CITY FL 32413**

TITLE **D** ☐ Change ☒ Addition
 NAME **BARFIELD, RANDALL**
 STREET ADDRESS **2414 W. ALBERSON DR**
 CITY-ST-ZIP **ALBANY, GA 31707**

TITLE **DVP** ☒ Delete
 NAME **SEATON, CHARLES L**
 STREET ADDRESS **200 SAGE ST**
 CITY-ST-ZIP **TROY AL 36081**

TITLE **D** ☐ Change ☒ Addition
 NAME **SANFORD, WARNER**
 STREET ADDRESS **3510 SHARER RD**
 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **D** ☒ Delete
 NAME **PARKER, ANGUS**
 STREET ADDRESS **235 CHURCH AVE**
 CITY-ST-ZIP **PINE MOUNTAIN GA 31822**

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

TITLE **D** ☐ Delete
 NAME **SHERRILL, JAMES**
 STREET ADDRESS **4122 HWY 63 NORTH**
 CITY-ST-ZIP **KELLYTON AL 35089**

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

TITLE ☐ Delete
 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:

BARBARA MORRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 234-6581

CR2E037 (9/01)