

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91647 010 \*\*\*\*61.25

**DOCUMENT # 763425**

1. Entity Name

**AMBASSADOR BEACH OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

15617 FRONT BCH RD  
PANAMA CITY BEACH FL 32413

15617 FRONT BCH RD  
PANAMA CITY BEACH FL 32413

**37661**

2. Principal Place of Business

3. Mailing Address

*Ambassador Beach*  
Suite, Apt. #, etc.

*15617 Front Beach Rd.*  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

*Panama City Beach, FL*

*Panama City Beach, FL*

4. FEI Number

**59-2251052**

Applied For

Not Applicable

Zip

Country

Zip

Country

*32413*

*Bay*

*32413*

*Bay*

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

**HOWELL, S L**  
**309 WAUKESHA STREET**  
**BONIFAY FL 32425**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/9/02*

**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 ☐ Delete  
NAME **TT**  
STREET ADDRESS **HOWELL, SEABORO**  
CITY-ST-ZIP **309 WAUKESHA STREET**  
**BONIFAY FL 32425**

TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS **Howell Seaboro**  
CITY-ST-ZIP **309 Waukesha Street**  
**Bonifay, FL 32425**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COY, PIERCE**  
CITY-ST-ZIP **221 SYCAMORE STREET**  
**ELIZABETHTOWN KY**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Coy, Pierce**  
CITY-ST-ZIP **221 Sycamore Street**  
**Elizabethtown, KY**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BONTS, LORNA**  
CITY-ST-ZIP **6310 E WATTERSON TRAIL**  
**LOUISVILLE KY**

TITLE ☒ Change ☐ Addition  
NAME **B**  
STREET ADDRESS **Bonds, Lorna D.**  
CITY-ST-ZIP **6301 E. Waterson Trail**  
**Louisville, Ky**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **FLOYD, JAMES**  
CITY-ST-ZIP **3246 MONTGOMERY HWY**  
**DOTHAN AL**

TITLE ☐ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **Floyd, James D**  
CITY-ST-ZIP **3426 Montgomery Hwy.**  
**Dothan AL**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **GUNN, BETTY**  
CITY-ST-ZIP **801 HILLFLO AVENUE**  
**OPELIKA AL**

TITLE ☒ Change ☐ Addition  
NAME **T**  
STREET ADDRESS **Gunn, Betty D**  
CITY-ST-ZIP **6812 South Lagoon Dr.**  
**Panama City Beach, FL**

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:

*[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/9/02*

*234-2112*

CR2E037 (9/01)