

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90029 038 ****61.25

DOCUMENT # 764740

1. Entity Name
WHITE CLIFFS OWNERS ASSOCIATION, INC.

Principal Place of Business 2313 W. CO. HWY 30A SANTA ROSA BEACH FL 32459 US	Mailing Address 155 POINCIANA BLVD DESTIN FL 32541-4037 US
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D0026363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/o Suncoast Association Management 12273 U.S. HWY 98, STE 208
City & State	City & State DESTIN FL
Zip	Zip 32541

4. FEI Number 59-2493721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SCOTT, WALTER D
155 POINCIANA BLVD
DESTIN FL 32541

7. Name and Address of New Registered Agent
 Name **WALTER D. SCOTT**
 Street Address (P.O. Box Number is Not Acceptable)
12273 U.S. HWY 98, STE 208
 City **DESTIN** FL Zip Code **32541**

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 **FEB 14, 2000**
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 D	NAME KAHN, DONALD DR	<input type="checkbox"/> Delete
STREET ADDRESS 2400 SHERWOOD RD	CITY-ST-ZIP BIRMINGHAM AL 35223	
TITLE STD	NAME WHITTELEY, C.S.	<input type="checkbox"/> Delete
STREET ADDRESS 2108 OAK BOWERY	CITY-ST-ZIP OPELIKA AL 36801	
TITLE D	NAME WILLIAMSON, J.T.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3512 KINGS HILL RD.	CITY-ST-ZIP BIRMINGHAM AL	
TITLE D	NAME STANNER, THOMAS DR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3425 OAK CANYON RD	CITY-ST-ZIP BIRMINGHAM AL 35243	
TITLE PD	NAME CHEUFEID, CARL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1027 J ROXBURY RD	CITY-ST-ZIP COLUMBUS OH 43212	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P/D	NAME DONALD KAHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE V/D	NAME WHIT WHITTELEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE S/T/D	NAME LES HONI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1323 WEBSTER PATH DRIVE	CITY-ST-ZIP WEBSTER GROVES, MO 63119	
TITLE D	NAME LAVONNE Williamson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3512 Kings Hill Road	CITY-ST-ZIP Birmingham AL 35223	
TITLE D	NAME FLOYD BERMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3515 RIVER BEND ROAD	CITY-ST-ZIP Birmingham AL 35243	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **FLOYD BERMAN** SIGNATURE REQUIRED **17 FEB. 2000** **205-9673716**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)