

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L39148

1. Entity Name
CBG PROPERTIES, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90035 011 ***150.00

Principal Place of Business

45 N BEAL PKWY
FT WALTON BEACH FL 32548
US

Mailing Address

PO BOX 1600
1234 AIRPORT ROAD, SUITE 130
FT WALTON BEACH FL 32549
US

00033390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 1600

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32549

Country

US

4. FEI Number 59-2980771

Applied For

Not Applicable

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

BARKER, GENE G
45 N BEAL PKWY
SUITE 130
FT WALTON BEACH FL 32548

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME JAY, J. STEVE
STREET ADDRESS 36474 A EMERALD COAST PKWY, #1201
CITY-ST-ZIP DESTIN FL

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

TITLE DS ☐ Delete
NAME CUMMINS, MARJORIE L.
STREET ADDRESS 45 BEAL PARKWAY, NE
CITY-ST-ZIP FT. WALTON BEACH FL

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

TITLE DT ☐ Delete
NAME BARKER, GENE G.
STREET ADDRESS 45 BEAL PARKWAY, NE
CITY-ST-ZIP FT. WALTON BEACH FL

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

TITLE DV ☐ Delete
NAME HENDERSON, JOSEPH W.
STREET ADDRESS 45 BEAL PARKWAY, NE
CITY-ST-ZIP FT WALTON BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Daytime Phone #

CR2E034 (10/00)