

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90056 004 ***150.00

005648 AV

DOCUMENT # L39148

1. Entity Name
CBG PROPERTIES, INC.

Principal Place of Business
**45 N BEAL PKWY
FT WALTON BEACH FL 32548
US**

Mailing Address
**PO BOX 1600
FT WALTON BEACH FL 32549
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2980771**

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

**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 _____ (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, 2002 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	DS	☐ Delete
NAME	CUMMINS, MARJORIE L.	
STREET ADDRESS	45 BEAL PARKWAY, NE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	DT	☐ Delete
NAME	BARKER, GENE G.	
STREET ADDRESS	45 BEAL PARKWAY, NE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	DV	☐ Delete
NAME	HENDERSON, JOSEPH W.	
STREET ADDRESS	45 BEAL PARKWAY, NE	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: Gene G. Barker 3/25/02 850-244-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)