

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10021

1. Entity Name

PIRATES COVE INLET MASTER HOMEOWNERS' ASSOCIATIO

Principal Place of Business

300 CAIN RD.
PANAMA CITY BCH. FL 32413
US

Mailing Address

300 CAIN RD.
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2884891

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

BOWEN, TOBBIE
300 CAIN RD
PANAMA CITY BCH. 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

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
After September 13, 2000 min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WINDHAM, BUDDY
147 CAIN RD.
PANAMA CITY BCH. FL 32413

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOMPSON, MARK
150 CAIN RD
PANAMA CITY BEACH FL 32413

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
COLEMAN, RON
309 CAIN RD
PANAMA CITY BEACH FL 32413

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
FRANK PEASE
144 CAIN Rd
PANAMA CITY BCH, FL 32413
☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BOWEN, TOBBIE
307 CAIN RD
PANAMA CITY BCH. FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TDS
BOWEN, TOBBIE
302 CAIN RD
PANAMA CITY BCH FL 32413

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HUGH GRECO (Sec)
304 CAIN Rd
PANAMA CITY BCH, FL 32413
☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

Daytime Phone #

CR2E037 (5/00)