

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90066 042 \*\*\*\*61.25

**DOCUMENT # N10523**

1. Entity Name

**HOLIDAY BEACH ON THE GULF PROPERTY OWNERS ASSOCI**

Principal Place of Business

Mailing Address

JACK D. PEAVY  
 4129 DANNY DR.  
 PANAMA CITY BCH. FL 32408  
 US

JACK D. PEAVY  
 4129 DANNY DR.  
 PANAMA CITY BCH. FL 32408-6103  
 US

2. Principal Place of Business

3. Mailing Address

*Same*

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

JACK D. PEAVY  
 4129 DANNY DR.  
 PANAMA CITY FL 32408

Name

*KEW Wilkes*

Street Address (P.O. Box Number is Not Acceptable)

*7031 Thomas Dr*

City

*Panama City Beach, FL*

Zip Code

*32408*

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

*Kenneth D Wilkes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/26/00*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KEN WILKES	
STREET ADDRESS	7031 THOMAS DR.	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS NANCE	
STREET ADDRESS	4108 NANCEE DR.	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGHSMITH, MIKE	
STREET ADDRESS	4120 DANNY DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>KRIS MCKENNEY</del>	
STREET ADDRESS	<del>4114 DANNY DR.</del>	
CITY-ST-ZIP	<del>PANAMA CITY BCH FL</del>	
TITLE	PRA	<input type="checkbox"/> Delete
NAME	PEAVY, JACK	
STREET ADDRESS	4129 DANNY DR.	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENDA ELLIS	
STREET ADDRESS	4133 DANNY DR.	
CITY-ST-ZIP	PANAMA CITY BCH FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Adams	
STREET ADDRESS	4123 NANCEE DR	
CITY-ST-ZIP	Panama City Beach FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kenneth D Wilkes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRDEN17 (1/16/00)