

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16971

1. Entity Name

SHALIMAR OFFICE CENTRE TOWNOFFICE ASSOCIATION, I

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90076 018 ****61.25

Principal Place of Business

Mailing Address

1 ELEVENTH AVE
SHALIMAR CENTRE' E-2
SHALIMAR FL 32579
US

1 ELEVENTH AVE
SHALIMAR CENTRE' E-2
SHALIMAR FL 32579-1324
US

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

59-2885294

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 -

WHITE, RICHARD J.
91 COUNTRY CLUB RD.
SHALIMAR FL 32579

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

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 ☐ Delete
NAME BOYETT, WAYNE T.
STREET ADDRESS 110 DAVID STREET
CITY-ST-ZIP FT. WALTON BCH FL

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

TITLE D ☒ Delete
NAME JONES, C. WAYNE
STREET ADDRESS 110 DAVID STREET
CITY-ST-ZIP FT. WALTON BCH FL

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS JONES, C. WAYNE
CITY-ST-ZIP 1 ELEVENTH AVE, SUITE E-2
SHALIMAR, FLORIDA 32579-1324

TITLE P ☒ Delete
NAME DONAVIN, MATTHEW W. III
STREET ADDRESS 804 WEEDEN ISLAND DR.
CITY-ST-ZIP NICEVILLE FL

TITLE ☒ Change ☐ Addition
NAME ~~DIRECTOR~~
STREET ADDRESS ~~DONAVIN, MATTHEW W. III~~
CITY-ST-ZIP ~~804 WEEDEN ISLAND DRIVE~~
~~NICEVILLE, FLORIDA~~

TITLE D ☒ Delete
NAME PANGLE, HERBERT W.
STREET ADDRESS 80 LANMAN RD.
CITY-ST-ZIP NICEVILLE FL

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

TITLE D ☒ Delete
NAME ROSE, SHERRY
STREET ADDRESS 10 COUNTRY CLUB RD.
CITY-ST-ZIP FT. WALTON BCH FL

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

TITLE STD ☐ Delete
NAME WHITE, RICHARD
STREET ADDRESS 91 COUNTRY CLUB RD
CITY-ST-ZIP SHALIMAR FL

TITLE ☐ Change ☐ 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:

C. Wayne Jones **REQUIRED** WAYNE JONES, JR.,

03/15/2000

(850) 863-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)