

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50385

1. Entity Name

PORT OF CALL OWNERS' ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90051 011 ****61.25

Principal Place of Business

Mailing Address

57 NEWMAN DR
DESTIN FL 32541
US

57 NEWMAN DR
DESTIN FL 32541-6804
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3165345

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

MORROS, ANDREW
192 NEWMAN DR
DESTIN FL 32541

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 PD
NAME MORROS, ANDREW
STREET ADDRESS 192 NEWMAN DR
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

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

TITLE D
NAME NEWMAN, OWEL
STREET ADDRESS 80 NEWMAN DR
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

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

TITLE TD
NAME PILCHER, CAROL
STREET ADDRESS 94 NEWMAN DR.
CITY-ST-ZIP DESTIN FL ☐ Delete

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

TITLE SD
NAME CLARK, KAY
STREET ADDRESS 31 PORT OF CALL
CITY-ST-ZIP DESTIN FL 32541 ☒ Delete

TITLE SD
NAME ROW CLARK
STREET ADDRESS 31 PORT OF CALL
CITY-ST-ZIP DESTIN FL 32541 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Carol Pilcher REQUIRED CAROL PILCHER

4/5/2000 706 571 5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)