

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90304 026 \*\*\*\*61.25

**DOCUMENT # N51314**

1. Entity Name

**CAPE SAN BLAS TAXPAYERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4815 CAPE SAN BLAS RD  
 PT. ST JOE FL 32456-4413  
 US

P.O. BOX 544  
 PT. ST JOE FL 32547  
 US

2. Principal Place of Business

3. Mailing Address

**7081 WINDWARD ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PT. ST. JOE, FL**

City & State

4. FEI Number

**59-3170257**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32456**

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

**HOOPER, CAROLYN**  
**4815 CAPE SAN BLAS RD**  
**PORT ST. JOE FL 32456**

Name **DODSWORTH, SHERRI**

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

**7190 LEEWARD ST.**

City **PORT ST. JOE**

**FL**

Zip Code **32456**

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 **SHERRI DODSWORTH**

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



(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/2000**

**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  Delete  
 NAME **PD MCGEE, WILLIAM**  
 STREET ADDRESS **6062 ANCHOR LANE**  
 CITY-ST-ZIP **PT. ST JOE FL 32456**

TITLE  Change  Addition  
 NAME **PD CUNNINGHAM, JULIA**  
 STREET ADDRESS **7081 WINDWARD ST.**  
 CITY-ST-ZIP **PT. ST. JOE, FL 32456**

TITLE  Delete  
 NAME **SD HARRIS, PAT**  
 STREET ADDRESS **4976 CAPE SAN BLAS ROAD**  
 CITY-ST-ZIP **PT. ST JOE FL 32456**

TITLE  Change  Addition  
 NAME **VD ELDERS, GLENN**  
 STREET ADDRESS **7977 CAPE SANBLAS RD.**  
 CITY-ST-ZIP **PT. ST. JOE, FL 32456**

TITLE  Delete  
 NAME **TD HOOPER, CAROLYN**  
 STREET ADDRESS **4815 CAPE SAN BLAS RD.**  
 CITY-ST-ZIP **PORT ST. JOE FL 32456**

TITLE  Change  Addition  
 NAME **STD DODSWORTH, SHERRI**  
 STREET ADDRESS **7190 LEEWARD ST.**  
 CITY-ST-ZIP **PT. ST. JOE, FL 32456**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **VD SHAEFFER, RON**  
 STREET ADDRESS **2600 BANTRY BAY DR.**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D MORROW, JAMES R.**  
 STREET ADDRESS **5540 CAPE SAN BLAS RD.**  
 CITY-ST-ZIP **PT. ST. JOE, FL 32456**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2000**

Date

**850-227-3207**

Daytime Phone #

CR2E037 (9/99)