

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003530

1. Entity Name

TIVOLI TERRACE OWNERS ASSOCIATION, INC.

Principal Place of Business

1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541
US

Mailing Address

1096 OLD HWY 98
SUITE C102B
DESTIN FL 32541
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32550

Country

Zip

32550

Country

4. FEI Number

59-3269321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELL, DAVID W
1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code 32550

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 DAVID W. BELL, AGENT

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

(NOTE: Registered Agent signature required when reinstating)

03-25-01

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

TITLE PD
NAME DUBBLELL, DAVID
STREET ADDRESS 10859 EMERALD COAST PKWY W #4-427
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE FTD
NAME ASKEW, VANCE
STREET ADDRESS 9300 HIGHWAY 98
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE VD
NAME BABCOCK, ROB
STREET ADDRESS 9300 HIGHWAY 98 WEST
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DST
NAME
STREET ADDRESS
CITY-ST-ZIP DESTIN FL 32550 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DESTIN FL 32550 ☒ Change ☐ Addition

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

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

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:

DAVID W. BELL, President

4/3/01 850-622-1237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90168 010 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)