

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001293

1. Entity Name

PRESERVE OUR ISLAND ASSOCIATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90025 010 ****61.25

Principal Place of Business

900 FT PICKERS RD
#611
PENSACOLA BEACH FL 32561
US

Mailing Address

900 FT PICKERS RD
#611
PENSACOLA BEACH FL 32561
US

2. Principal Place of Business

900 Ft. Pickens Rd #611
Suite, Apt. #, etc. #611

3. Mailing Address

900 Ft. Pickens Rd #611
Suite, Apt. #, etc. #611



DO NOT WRITE IN THIS SPACE

City & State

Pensacola Beach, FL
Zip 32561
Country US

City & State

Pensacola Beach, FL
Zip 32561
Country US

4. FEI Number

59-3441298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AYRES, PAT
900 FT PICKERS RD
#611
PENSACOLA BEACH FL 32561

7. Name and Address of New Registered Agent

Name Same as #6
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

Pat Ayres

Pat Ayres, Pres. March 14, 00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	AYRES, PAT	
STREET ADDRESS	900 FT PICKERS RD, #611	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KUTINA, JEAN	
STREET ADDRESS	1299 FT. PICKENS #35	
CITY-ST-ZIP	PENSACOLA FL 32561	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AYRES, DON	
STREET ADDRESS	900 FT PICKERS RD	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	BD	<input type="checkbox"/> Delete
NAME	WOOD, JACKIE	
STREET ADDRESS	168 MIRABELL CIR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	BD	<input type="checkbox"/> Delete
NAME	DETORO, DONNA	
STREET ADDRESS	101 ENTRADA TWO	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	GREENLEY, JACK	
STREET ADDRESS	262 SABINE	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Plewa	
STREET ADDRESS	1299 Ft. Pickens #35	
CITY-ST-ZIP	Pensacola Bch, FL 32561	

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:

Pat Ayres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00 850-932-4454

CR2E037 (9/99)