

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # N98000004770**

1. Entity Name

**PERDIDO BAY COUNTRY CLUB ESTATES, UNIT VII, INC.**

07-02-2002 90809 008 \*\*\*\*61.25

Principal Place of Business Mailing Address  
 P.O. BOX 34274 PENSACOLA FL 32507 P.O. BOX 34274 PENSACOLA FL 32507



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3533048** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HAWKINS, WAYMON**  
**12681 PRIMERO COURT**  
**PENSACOLA FL 32507**

7. Name and Address of New Registered Agent  
 Name Sue H. Baker  
 Street Address (P.O. Box Number is Not Acceptable) 12700 Primero Ct.  
 City Pensacola FL Zip Code 32507

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 Sue H. Baker Sue H. Baker President Jun 25, 2002  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAWKINS, WAYMON</b> <b>12681 PRIMERO CT</b> <b>PENSACOLA FL 32507</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MCMILLION, LESLEY</b> <u>Linsley</u> <input type="checkbox"/> Delete <b>12691 MOLALE DR</b> <b>PENSACOLA FL 32507</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Delete <b>BAKER, SUE</b> <b>12700 PRIMERO CT</b> <b>PENSACOLA FL 32507</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>AGBAGALA, VIRGINIA</b> <b>12700 BAHIA CT</b> <b>PENSACOLA FL 32507</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Sue H. Baker</b> <b>12700 Primero Ct.</b> <b>Pensacola, FL 32507</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Karen Eason</b> <b>12465 Red Cloud Rd</b> <b>Pensacola, FL 32507</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Steve Bohannon</b> <b>4716 Condado Cr.</b> <b>Pensacola, FL 32507</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tom Sturges</b> <b>12681 Molale Dr</b> <b>Pensacola, FL 32507</b>

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: Sue H. Baker Sue H. Baker Jun 25, 2002 850 492-6839

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CR2E037 (9/01)