

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003288

1. Entity Name

FOUNTAIN PLAZA OWNERS ASSOCIATION INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90164 011 ****61.25

Principal Place of Business

Mailing Address

34894 EMERALD COAST PKWY STE. A
DESTIN FL 32541

34894 EMERALD COAST PKWY STE. A
DESTIN FL 32541-3468

2. Principal Place of Business

12815 HWY 98 W.

3. Mailing Address

P.O. Box 1779

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

US

Zip

32540

Country

US

4. FEI Number

59-3620631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
36008 EMERALD COAST PKWY STE. 301
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Loretta W. Smith

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

12815 HWY 98, Ste 100

City

Destin

FL

Zip Code

32541

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JOHN A	
STREET ADDRESS	4101 INDIAN BAYOU NORTH	
CITY - ST - ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID A	
STREET ADDRESS	4120 INDIAN TRAIL	
CITY - ST - ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHORES, TIMM R	
STREET ADDRESS	217 CALHOUN AVE.	
CITY - ST - ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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		

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

3-20-00 850-837-5668

Date

Daytime Phone #

CR2E037 (9/99)