

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760859

1. Entity Name

TROPICAL BREEZE RESORT ASSOCIATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90114 038 ****61.25

Principal Place of Business

Mailing Address

17001 W FRONT BEACH RD
PANAMA CITY BEACH FL 32413
US

17001 W FRONT BEACH RD
PANAMA CITY BEACH FL 32413-2341
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2780752

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ISLER, CHARLES S
434 MAGNOLIA AVE
PANAMA CITY FL 32401

Name

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HALL, JOHN J III
STREET ADDRESS 6644 VETERANS MEM. PKWY
CITY-ST-ZIP LANCT AL

TITLE ☐ Change ☒ Addition
NAME Dr. Robert D. Hayes
STREET ADDRESS 605 Chestnut Hill Rd
CITY-ST-ZIP Marietta GA 30064

TITLE VD ☐ Delete
NAME WILLIAMS, GEORGE E
STREET ADDRESS 4825 PINE AVE.
CITY-ST-ZIP YOUNGSTOWN FL

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

TITLE SD ☐ Delete
NAME HOLLEY, ALAN
STREET ADDRESS 1020 WOLF POND RD
CITY-ST-ZIP TALLADEGA AL 35160

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

TITLE TD ☐ Delete
NAME JACKSON, JAMES Q
STREET ADDRESS 1756 W. ACARIBACA TRAIL S.E
CITY-ST-ZIP ATLANTA GA

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

TITLE D ☒ Delete
NAME HALL, GEORGE R
STREET ADDRESS RT. 2, BOX 39
CITY-ST-ZIP NEWTON AL

TITLE D ☐ Change ☒ Addition
NAME Tom Austin
STREET ADDRESS 2620 Tulip Tree Circle
CITY-ST-ZIP Seffin, FLORIDA 33584

TITLE D ☐ Delete
NAME SCHIPPER, HENRY
STREET ADDRESS P.O. BOX 404 N/A
CITY-ST-ZIP SUNNYSIDE FL

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

Date

Daytime Phone #

1-6-00

850-233-8830

CR2E037 (9/99)