2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760859

1. Entity Name

TROPICAL BREEZE RESORT ASSOCIATION, INC.

	
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

FILED Jan 18, 2000 8:00 am Secretary of State 01-18-2000 90114 038 ****61.25

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City & State Country Country Sipport Country Country 5. Certificate of Status Desired \$8.75 Add Fee Requirer 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Title FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Decide Title PD HALL, JOHN J III DADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME STREET ADDRESS CITY ST-Zip May Let Address (P.O. Box Number is Not Acceptable) Added to Fees Make Check Payable to Department of State 10. OFFICERS AND DIRECTORS TITLE PD HALL, JOHN J III DADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME STREET ADDRESS CITY ST-Zip May Let A GAn. 3 o v. \(\text{Q} \) Change Change City TITLE NAME STREET ADDRESS CITY ST-Zip NAME CHECK Payable To Change CITY ST-Zip NAME CHECK Payable To Change Change CITY ST-Zip NAME CHECK Payable To Change Change CITY ST-Zip NAME CHECK Payable To Change CHECK Payable To Change CHECK PAYABLE TO CHECK PAYABLE PAYA	ot Applicable ditional ed
Zip Country Zip Country 59-2780752 No. 59-2780752 No. 68-75 Address of Country 59-2780752 Separation of Status Desired Status Desired Separation of Status Desired Agent A	ot Applicable ditional ed
6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	de
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS STREET ADDRESS G644 VETERANS MEM. PKWY LANCT AL TITLE VD Obelete TITLE CITY-ST-ZIP Mary Letto Cor. 30 or 4 Change Change	
SIGNATURE 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) PATE FILE NOW: FEE IS \$61.25 PD OFFICERS AND DIRECTORS 11. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANCT AL TITLE VD Obelete TITLE D ABOUT D. HAYCS Change Change Change	
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NAME WILLIAMS, GEORGE E	☐ Addition
Trimpel Mind Amelian -	
STREET ADDRESS 4825 PINE AVE.	
CITY-ST-ZIP YOUNGSTOWN FL CITY-ST-ZIP	
TITLE SD	Addition
NAME HOLLEY, ALAN NAME	
STREET ADDRESS 1020 WOLF POND RD STREET ADDRESS	
CITY-ST-ZIP TALLADEGA AL 35160 CITY-ST-ZIP	
TITLE TD Delete TITLE Change	☐ Addition
NAME JACKSON, JAMES Q NAME	
STREET ADDRESS 1756 W. ACARIBACA TRAIL S.E CITY-ST-7IP ATI ANTA CA	
ALDANIA GA	Madillo
TITLE D Change	Addition
NAME HALL, GEORGE R STREET ADDRESS RT 2 ROX 39 NAME TOM AUSTIN 2620 TULip Tree Circle	
RI. 2, DON 00	
CITY-ST-ZIP NEWTON AL TITLE CHY-ST-ZIP SCFF, FLORIDA 33589 Change	
Title D Delete Title	□ Addition
NAME SCHIPPER, HENRY STREET ADDRESS P.O. BOY 404 N/A STREET ADDRESS	Addition
1.0. DOX 101 N/A	Addition
CITY-ST-ZIP SUNNYSIDE FL 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indirected on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indirected on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indirected on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indirected on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indirected on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indirected on the supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	Addition

indicated on this report or supplemental report is true and attended and that my signature shall have the same legal effect as it made those darr, that it am an officer of director of the corporation or the receiver or divisited 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.