

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760859

1. Entity Name

TROPICAL BREEZE RESORT ASSOCIATION, INC.

Principal Place of Business

17001 W FRONT BEACH RD  
PANAMA CITY BEACH FL 32413  
US

Mailing Address

17001 W FRONT BEACH RD  
PANAMA CITY BEACH FL 32413  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2780752

Applied For

Not Applicable

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  
NAME HALL, JOHN J III  
STREET ADDRESS 6844 VETERANS MEM. PKWY  
CITY-ST-ZIP LANCT AL ☐ Delete

TITLE D  
NAME VICKERS, TROY  
STREET ADDRESS 1415 Herndon Drive  
CITY-ST-ZIP weaver, Alabama 36277 ☐ Change ☒ Addition

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

TITLE D  
NAME HAYES, Robert  
STREET ADDRESS 605 Chestnut Hill Road  
CITY-ST-ZIP Marietta, Ga. 30064 ☐ Change ☒ Addition

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

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

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

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

TITLE D  
NAME AUSTIN, TOM  
STREET ADDRESS 2620 TULIP TREE CIRCLE  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

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

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

TITLE SD  
NAME SCHIPPER, HENRY  
STREET ADDRESS P.O. Box 404  
CITY-ST-ZIP Sunnyside, FL. 32413 ☒ Change ☐ Addition

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

Henry Schipper REQUIRES Schipper - Secretary

Date

1-13-01 850-33-8830

Daytime Phone #

CR2E037 (10/00)