

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90208 037 \*\*\*\*61.25

**DOCUMENT #** N16971 (6)**1. Entity Name**SHALIMAR OFFICE CENTRE TOWNOFFICE ASSOCIATION,  
INC.**Principal Place of Business**1 ELEVENTH AVE.  
SHALIMAR CENTRE' E-2  
SHALIMAR, FL 32579  
US**Mailing Address**1 ELEVENTH AVE.  
SHALIMAR CENTRE' E-2  
SHALIMAR, FL 32579  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-2885294

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**WHITE, RICHARD J.  
91 COUNTRY CLUB RD.  
SHALIMAR, FL 32579**7. Name and Address of New Registered Agent**

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**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**V/D ☒ Change ☐ Addition  
NAME BOYETTE, WAYNE T.  
STREET ADDRESS 121 DOODLE STREET  
CITY-ST-ZIP FT WALTON BCH, FL 32547P/D ☒ Change ☐ Addition  
NAME JONES, C. WAYNE  
STREET ADDRESS 121 DOODLE STREET  
CITY-ST-ZIP FT WALTON BCH, FL 32547D ☒ Change ☐ Addition  
NAME GOODPASTER, HOWARD T. DMD  
STREET ADDRESS 101 POQUITO RD.  
CITY-ST-ZIP SHALIMAR, FL 32579D ☒ Change ☐ Addition  
NAME KISER, JAMES R.  
STREET ADDRESS 611 N. OVERBROOK DR.  
CITY-ST-ZIP FT WALTON BCH, FL 32547☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ 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:** C. Wayne Jones, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01

Date

(850) 651-4554

Daytime Phone #

CR2E037 (11/00)