

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
 01-21-2002 90068 013 ****61.25

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

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **HAYES, ROBERT D.**
 CITY-ST-ZIP **605 CHESTNUT HILL RD.**
MARIETTA, GA 30064

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VICKERS, TROY**
 CITY-ST-ZIP **1415 HERNDAN DR**
WEAVER AL 36277

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

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

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

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

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **SCHIPPER, HENRY**
 CITY-ST-ZIP **PO BOX 404**
SUNNYSIDE FL 32413

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 REQUIRED

1-802

850-233-8830

CR2E037 (9/01)