

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 290152

1. Entity Name

SUN DIAL OF WEST PANAMA CITY BEACH, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90038 035 ***150.00

Principal Place of Business

15625 FRONT BEACH RD
PANAMA CITY BEACH FL 32413

Mailing Address

15625 FRONT BEACH RD
PANAMA CITY BEACH FL 32413-2505

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

59-1098910

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

RUSSELL, FRANK M.
15625 FRONT BEACH ROAD
PANAMA CITY FL FL 32413

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, M. L.	
STREET ADDRESS	362 MOONLIGHT BAY DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSELL, F.M.	
STREET ADDRESS	362 MOONLIGHT BAY DR.	
CITY-ST-ZIP	PANAMA CITY FL 32407	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, D.C.	
STREET ADDRESS	364 MOONLIGHT BAY DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	GAY, S M	
STREET ADDRESS	362 MOONLIGHT BAY DR	
CITY-ST-ZIP	PANAMA CITY FL 32407	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GAY, T.A.	
STREET ADDRESS	360 MOONLIGHT BAY DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell, M.L.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, T.A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank M. Russell Frank M. Russell P502343369 2-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)