

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 555775

1. Entity Name

EAST BAY PROPERTIES, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90046 023 ***150.00

Principal Place of Business

Mailing Address

2738 BEACON CT
NAVARRE FL 32566
US

316 S. BAYLEN STREET
250
PENSACOLA FL 32501-5990
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2420791**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DAVIS, BEN L JR
2738 BEACON CT
NAVARRE FL 32566

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	HUBBIRD, NORMA GILMORE	
STREET ADDRESS	9021 WESTSIDE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEST, BILLY JOE	
STREET ADDRESS	1640 AMANDA LANE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUTLER, DAVID R.	
STREET ADDRESS	5518 CRESTWOOD DR	
CITY-ST-ZIP	KNOXVILLE TN 37904	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, BEN L, JR.	
STREET ADDRESS	2738 BEACON CT	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEADEN, JEAN	
STREET ADDRESS	8696 SCENIC HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, WALTER	
STREET ADDRESS	119 MELANIE LANE	
CITY-ST-ZIP	DAPHNE AL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BEN L. DAVIS, JR.

February 3, 00