

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 555775

1. Entity Name

EAST BAY PROPERTIES, INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90057 022 ***150.00

Principal Place of Business

Mailing Address

2738 BEACON CT
NAVARRE FL 32566
US

316 S. BAYLEN STREET
250
PENSACOLA FL 32501
US

2. Principal Place of Business

6956 Santa Clara Drive

3. Mailing Address

6956 Santa Clara Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Navarre, FL

Zip

32566

Country

Zip

32566

Country

U.S.

4. FEI Number

59-2420791

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

DAVIS, BEN L JR
2738 BEACON CT
NAVARRE FL 32566

Name

Street Address (P.O. Box Number is Not Acceptable)

6956 Santa Clara Drive

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, 2001 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 ☐ Delete
NAME HUBBARD, NORMA GILMORE
STREET ADDRESS 9021 WESTSIDE DRIVE
CITY-ST-ZIP PENSACOLA FL

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

TITLE V ☐ Delete
NAME WEST, BILLY JOE
STREET ADDRESS 1640 AMANDA LANE
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE ST ☐ Delete
NAME BUTLER, DAVID R.
STREET ADDRESS 5518 CRESTWOOD DR
CITY-ST-ZIP KNOXVILLE TN 37904

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

TITLE P ☐ Delete
NAME DAVIS, BEN L., JR.
STREET ADDRESS 2738 BEACON CT
CITY-ST-ZIP NAVARRE FL 32566

TITLE ☒ Change ☐ Addition:
NAME 6956 Santa Clara Drive
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME PEADEN, JEAN
STREET ADDRESS 8696 SCENIC HIGHWAY
CITY-ST-ZIP PENSACOLA FL

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

TITLE D ☐ Delete
NAME HOLLINGSWORTH, WALTER
STREET ADDRESS 119 MELANIE LANE
CITY-ST-ZIP DAPHNE AL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN L. DAVIS, JR

Date

Daytime Phone #

CR2E034 (10/00)