

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90276 049 ***150.00

0060107 AV

DOCUMENT # 555775

1. Entity Name

EAST BAY PROPERTIES, INC.

Principal Place of Business

**6956 SANTA CLARA DRIVE
NAVARRE FL 32566
US**

Mailing Address

**6956 SANTA CLARA DRIVE
NAVARRE FL 32566
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

59-2420791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DAVIS, BEN L JR
6955 SANTA CLARA DRIVE
NAVARRE FL 32566**

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

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, 2002 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

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	6956 SANTA CLARA DRIVE	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

Daytime Phone #

CR2E034 (9/01)