

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737741

1. Entity Name

PENSACOLA BEACH LEASEHOLDERS AND RESIDENTS ASSOC

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90172 008 ****61.25

Principal Place of Business

Mailing Address

PO BOX 341
GULF BREEZE FL 32562
US

PO BOX 341
GULF BREEZE FL 32562-0341
US

00000140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1714109

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

WAX, GARY N
1726 BULEVAR MAYOR
PENSACOLA BEACH FL 32561

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

Gary N. Wax
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

JAN 13, 2000

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 PD ☐ Delete
NAME BARRET, JOHN
STREET ADDRESS 5 CALLE TRAVESA
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE PD ☒ Change ☐ Addition
NAME KUTINA, JEAN
STREET ADDRESS 1299 FT PICKENS RD #35
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE VD ☐ Delete
NAME KUTINA, JEAN
STREET ADDRESS 1299 FT. PICKENS RD., #35
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE VD ☒ Change ☐ Addition
NAME AYRES, PAT
STREET ADDRESS 900 FT PICKENS RD #611
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE TD ☐ Delete
NAME WAX, GARY
STREET ADDRESS 1726 BULEVAR MAYOR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

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

TITLE SD ☐ Delete
NAME SHELTON, KATHLEEN
STREET ADDRESS 903 ARIOLA DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE SD ☒ Change ☐ Addition
NAME CLAY, STEVEN
STREET ADDRESS 1703 CALLE BONITA
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

GARY N. WAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13, 2000 (850) 916-4438

Date

Daytime Phone #

CR2E037 (9/99)