

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738737

1. Entity Name

GULF AREA GARDEN CLUB OF FORT WALTON BEACH, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90114 003 ****61.25

Principal Place of Business BROOKS-BEAL CENTER 100 NW BEAL PKWY FORT WALTON BCH FL 32547 US	Mailing Address HILDA I. MCGEE 333 SUDDUTH CR NE FORT WALTON BCH FL 32548-5182 US Hilda I. McGee
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Brooks-Beal Center Suite, Apt. #, etc. 100 Beal PKWY City & State Ft. Walton Beach, FL Zip 32548 Country Okaloosa	3. Mailing Address 333 Sudduth Circle Suite, Apt. #, etc. Ft. Walton Beach, FL City & State City & State Zip 32548 Country Okaloosa
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4. FEI Number 59-6570430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MC GEE, HILDA I
333 SUDDUTH CIRCLE NE
FORT WALTON BCH FL 32548

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 Hilda I. McGee
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-23-00^{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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT HAAS, RAE 300 MCEWEN NICEVILLE FL 32578 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, BETTY 4 PEMBROKE PLACE FT WALTON BCH FL 32547 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEACH, LUCILLE 44 BAY DRIVE SE32548 FORT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETTY, JANE 620 NE KENIGSTON COURT FT WALTON BCH FL 32547 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THURMAN, MARION 1508 WEST MARIAH WAY FORT WALTON BCH FL 32547 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST KELLY, ELSIE 471 US HWY 98, PO BOX 188 MARY ESTHER FL 32569 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT Glover, Mazie 318 Brooks Street Ft. Walton Beach, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Harrison, Betty 4 Pembroke Place Ft. Walton Beach, FL 32547 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bush, Betty 205 NE Hughes St. Ft. Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kenaston, Nancy 24 Neptune Drive Mary Esther, FL 32569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sheringo, Annette 52 Bayou Drive Ft. Walton Beach, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Thurman, Marion 1508 Mariah Way Ft. Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mazie L. Glover, 4-12-00, 244-5497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(850)
Date Daytime Phone #

CR2E037 (9/99)