

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739528

1. Entity Name

FORT WALTON BEACH SHRINE CLUB BUILDING ASSOCIATI

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90099 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

227 CAROL AVENUE N.W.  
FT. WALTON BCH FL 32548  
US

P.O. BOX #1  
FT. WALTON BCH FL 32549-0001  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

RAW, DAVID B  
127 VIRGINIA DR NW  
FT WALTON BEACH FL 32548

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 David B Raw

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11 APRIL 00

**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 DV ☐ Delete  
NAME HOUCHINS, IVAN V  
STREET ADDRESS 940 SANTA ROSA BLVD, APT 312  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE DP ☐ Change ☐ Addition  
NAME HOUCHINS, IVAN V.  
STREET ADDRESS 636 PELICAN DRIVE  
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE DS ☐ Delete  
NAME RAW, DAVID B  
STREET ADDRESS 127 VIRGINIA DR NW  
CITY-ST-ZIP FT WALTON BEACH FL 32548

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

TITLE DP ☐ Delete  
NAME VICTORY, MILTON D  
STREET ADDRESS 23 OKAHATCHEE CIRCLE SE  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

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

TITLE DV ☐ Delete  
NAME COOK, LOWELL  
STREET ADDRESS 361 SHREWSBURG RD  
CITY-ST-ZIP MARY ESTHER FL 32569

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

TITLE D ☐ Delete  
NAME CHASTAIN, CARL  
STREET ADDRESS 9859 MARY ANNE DR  
CITY-ST-ZIP NAVARRE FL 32566

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

TITLE DT ☐ Delete  
NAME FAGAN, JAMES L  
STREET ADDRESS 636 PELICAN DRIVE  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE DV ☐ Change ☐ Addition  
NAME SAME  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)