2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am DOCUMENT # 741383 **Secretary of State** 1. Entity Name MARINER EAST OWNERS ASSOCIATION, INC. 02-08-2001 90018 043 ****61.25 Principal Place of Business Mailing Address 6211 THOMAS DRIVE 6211 THOMAS DRIVE 7 **r**3 4 5 9 PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1847107 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HOLLEY, RONDA **6211 THOMAS DRIVE** PANAMA CITY FL 32408 Zip Code City FL 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 **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition Change TITLE Delete TITLE HUGHES, R.O. MAKE Change NAME NAME STREET ADDRESS 2413 6TH ST., W STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35215** CITY-ST-7IP ADAMS, Glendar Hill West Change Addition TITLE X Delete TITLE TERRELL, RON NAME NAME 300 GRIFFEN MOUNTAIN TR STREET ADDRESS STREET ADDRESS DOWNSTOCK IGA 30189 **CONYERS GA 30208** CITY-ST-7IP CiTY-ST-7IP Delete - Change-Addition TITI F TITLE HAMM, AIAN SEEKINS, MADELINE 527 Riveredge Parkway NAME NAME 3622 BONE CREED RD STREET ADDRESS STREET ADDRESS *'36*303 CITY-ST-ZIP **MACON GA 31211** CITY-ST-ZIP TITLE Delete TITLE Change Addition JOHNSON, GREG NAME NAME 3038 W. 4540 QUE 2000 2415 ROLLINS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP ☐ Change Delete TITLE WORTHY, REYNOLD Ante, mark NAME NAME 1465 STROUD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCDONOUGH GA 30252 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 A SALVE REQUIRED

2/1/0

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