

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754418

1. Entity Name

APALACHEE BAY MARINE SAFETY SUPPORT GROUP, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90150 006 ****70.00

Principal Place of Business

Mailing Address

1557 SHELL POINT RD
CRAWFORDVILLE FL 32327
US

1557 SHELL POINT RD
CRAWFORDVILLE FL 32327-4611
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

59-2928401

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

KINNEBREW, T.N.
2812 SPRINGDALE DR
TALLAHASSEE FL 32312

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

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 WOOLINGTON, W ANDY
STREET ADDRESS 24 MATHERS FARM RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VD ☒ Change ☐ Addition
NAME Woolington, W Andy
STREET ADDRESS 24 Mathers Farm Rd
CITY-ST-ZIP Crawfordville, FL 32327

TITLE VD ☐ Delete
NAME CAMPBELL, JODY
STREET ADDRESS 121 ROYSTER DR
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE PD ☒ Change ☐ Addition
NAME Campbell, Jody
STREET ADDRESS 121 Royster Dr.
CITY-ST-ZIP Crawfordville, FL 32327

TITLE T ☐ Delete
NAME EDRINGTON, JOHN D JR
STREET ADDRESS 18 GULF BREEZE CT
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE TD ☒ Change ☐ Addition
NAME Edrington, John D. Jr.
STREET ADDRESS 18 Gulf Breeze Court
CITY-ST-ZIP Crawfordville, FL 32327

TITLE SD ☐ Delete
NAME DOYLE, JIMMIE
STREET ADDRESS 40 CARROLL DR
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE SD ☒ Change ☐ Addition
NAME Doyle, Jimmie
STREET ADDRESS 40 Carroll Dr.
CITY-ST-ZIP Crawfordville, FL 32327

TITLE PD ☐ Delete
NAME MORGAN, ROBERT M
STREET ADDRESS 112 ROYSTER DR
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE SD ☒ Change ☐ Addition
NAME Morgan, Robert M.
STREET ADDRESS 112 Royster Dr.
CITY-ST-ZIP Crawfordville, FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Alverson, Sherrie D.
STREET ADDRESS 19 Alverson Way
CITY-ST-ZIP Crawfordville, FL 32327

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:

Robert M. Morgan

22 January 2000 (850) 9268074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)