

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756575

1. Entity Name

GEMINI BEACH OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90023 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O LES W BURKE  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

C/O LES W BURKE  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401-3128

00028818



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

59-2156843

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

BURKE, LES W.  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

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:**  
**FEES 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 HAYES, SHANNON  
STREET ADDRESS 8163 MASTERS COURT  
CITY-ST-ZIP JONESBORO GA 30236

TITLE S/T/D ☐ Change ☒ Addition  
NAME REESE, JOYLYN C.  
STREET ADDRESS 14691 FRONT BEACH ROAD, #6  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE PD ☐ Delete  
NAME MCGHEE, GLORIA  
STREET ADDRESS 64 LOOKOUT POINT  
CITY-ST-ZIP JACKSON GAP FL 36861

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

TITLE VD ☒ Delete  
NAME THOMAS, ROBERT  
STREET ADDRESS PO BOX 1170  
CITY-ST-ZIP MIDLAND CITY FL 36350

TITLE VD ☐ Change ☒ Addition  
NAME CULVERHOUSE, ROBERT  
STREET ADDRESS RT. 2, BOX 79  
CITY-ST-ZIP ARITON, AL 36311

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

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:

*SHANNON HAYES*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CP2E037 (9/99)