

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90014 042 *****61.25

UNIFORM

DOCUMENT # 756575

1. Entity Name

GEMINI BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

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

59-2156843

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

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:
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
REESE, JOYLYN C
14691 FRONT BEACH ROAD #6
PANAMA CITY FL 32413 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
PFEIL, JUDITH
5908 STONE MEADOW
PIANO, TEXAS 75093 ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
WALLER, THERESA
110 PEACOCK STREET
OZARK, ALABAMA 36360-1571 ☐ Change ☒ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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

Theresa R Waller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

334-774-8220
 Daytime Phone #

CR2E037 (10/00)