

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757677

1. Entity Name

SURF 'N' SAND OWNERS ASSOCIATION, INC.

Principal Place of Business

7816 SURF DRIVE
PANAMA CITY BCH. FL 32408

Mailing Address

7816 SURF DRIVE
PANAMA CITY BCH. FL 32408-7511

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

59-2930851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALDRIDGE, MARIE
5400 HILLTOP AVE.
PANAMA CITY BCH. FL 32408

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, JOHN E.	
STREET ADDRESS	7530 BRIDGEGATE COURT	
CITY-ST-ZIP	DUNWOODY GA 30338	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COSTLEY, GORDON	
STREET ADDRESS	15325 FRONT BCH RD	
CITY-ST-ZIP	PANAMA CITY BCH-FL-32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELNUTT, PAT	
STREET ADDRESS	1909-7 ST. W.E.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HINOTE, PEGGY	
STREET ADDRESS	132 SAN DOLLAR DR.	
CITY-ST-ZIP	PANAMA CITY BCH. AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLADE, MARK	
STREET ADDRESS	100 W. CHRISTOPHER RUN	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROUBEN, H.P.	
STREET ADDRESS	222 SUNSET HILLS DR	
CITY-ST-ZIP	WORCROSS GA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Kathleen Costley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 1415-3	
STREET ADDRESS	P.C. BCH, FL 32413	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90085 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)