

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90028 012 \*\*\*\*61.25

**DOCUMENT # 763425**

1. Entity Name

**AMBASSADOR BEACH OWNERS ASSOCIATION, INC.**

Principal Place of Business

15617 FRONT BCH RD  
 PANAMA CITY BEACH FL 32413

Mailing Address

15617 FRONT BCH RD  
 PANAMA CITY BEACH FL 32413

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

**59-2251052**

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

**HOWELL, S L**  
**309 WAUKESHA STREET**  
**BONIFAY FL 32425**

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

*S.L. Howell Treasurer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*9-6-01*

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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 ☐ Delete  
 NAME **TT**  
 STREET ADDRESS **HOWELL, SEABORO**  
 CITY-ST-ZIP **309 WAUKESHA STREET**  
**BONIFAY FL 32425**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **COY, PIERCE**  
 CITY-ST-ZIP **221 SYCAMORE STREET**  
**ELIZABETHTOWN KY**

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

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **DODSON, ED**  
 CITY-ST-ZIP **1408 JACQUELINE DRIVE**  
**COLUMBO GA 31907**

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

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **FLOYD, JAMES**  
 CITY-ST-ZIP **3246 MONTGOMERY HWY**  
**DOTHAN AL**

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **GUNN, BETTY**  
 CITY-ST-ZIP **801 HILLFLO AVENUE**  
**OPELIKA AL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **LORNA BOWLS**  
**6310 E. WATKINSON TRAIL**  
**BOGGSVILLE KY**

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

*S. L. Howell* *9/16/01* *850-234-2112*

CR2E037 (5/01)