

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Feb 07, 2000 8:00 a  
Secretary of State**

02-07-2000 90034 017 \*\*\*\*61.25

80013834

**DOCUMENT # 763970**

1. Entity Name  
**INLET BEACH HEIGHTS PROPERTY OWNERS ASSOCIATION,**

Principal Place of Business      Mailing Address  
214 GULFVIEW DR      214 GULFVIEW DR  
PANAMA CITY BEACH FL 32413      PANAMA CITY BEACH FL 32413-3002  
US      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      **NOT APPLICABLE**

5. Certificate of Status Desired            **\$8.75**  
Fee Required

6. Name and Address of Current Registered Agent  
**TWAY, BESSIE M**  
**214 GULFVIEW DR**  
**PANAMA CITY FL 32413**

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME	TWAY, SCOT M		NAME		
STREET ADDRESS	851 STAGE RD		STREET ADDRESS		
CITY-ST-ZIP	AUBURN AL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME	TWAY, BESS		NAME		
STREET ADDRESS	226 GLENWOOD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TROY AL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME	OLTZ, JEAN		NAME		
STREET ADDRESS	608 INLETVIEW LN		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bessie M. Tway* (BESSIE M. TWAY)      2/1/00      334-566-559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #