

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767830

1. Entity Name

SAND CASTLES OF PANAMA CITY BEACH OWNERS ASSOCIA

Principal Place of Business

4119 ORIOLE DR  
PANAMA CITY BEACH FL 32408  
US

Mailing Address

21603 SUNSET AVE.  
PANAMA CITY BEACH FL 32413  
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

59-2430928

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

PAYNE, JERRY  
21603 SUNSET AVE.  
PANAMA CITY BEACH FL 32413

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  
PAYNE, JERRY  
21603 SUNSET AVE.  
PANAMA CITY BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SWICORD, J.D.  
803 S. COLLIER ST  
BAINBRIDGE GA 31717

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SWAIN, WILLIAM  
2573 LESLIE CIR  
ATLANTA GA

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GALLO, JOSEPH  
146 CURTIS CIRCLE  
DALEVILLE AL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOORE, ROBERT K  
7609 CHADWELL RD SW  
HUNTSVILLE AL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NAISH, TIMOTHY L  
1138 Rock Crest Dr.  
McCalla, AL  
☐ 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:

*John Payne* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01

850-236-9899

Date

Daytime Phone #

CR2E037 (10/00)

0016186

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90150 023 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE