

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769670

1. Entity Name

ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC

Principal Place of Business

8730 THOMAS DR.
PANAMA CITY BEACH FL 32408
US

Mailing Address

8730 THOMAS DR.
PANAMA CITY BEACH FL 32408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ALISA JAMES-ATT JAMES & COTHAN
1004 JENKS AVE
PANAMA CITY FL 32401

4. FEI Number

54-2352-746
50-2358746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 VPD
NAME LUTHER, WILLIAM
STREET ADDRESS 4012 PATTON EDWARDS DR
CITY-ST-ZIP CHATTANOOGA TN 37412 ☐ Delete

TITLE SD
NAME BELL, CLAUDE
STREET ADDRESS 120 LAKE DAVIDSON LANE
CITY-ST-ZIP HELENA AL 35080 ☐ Delete

TITLE TD
NAME SCHWELLING, LES
STREET ADDRESS 122 LAKE DAVIDSON DR
CITY-ST-ZIP POLOMO GA 33080 ☐ Delete

TITLE D
NAME JOHNSON, MARVIN
STREET ADDRESS 8730 THOMAS DR UNIT 506
CITY-ST-ZIP PANAMA CITY FL 32408 ☒ Delete

TITLE PD
NAME STEERE, DAVID
STREET ADDRESS 7311 EMERSON DR
CITY-ST-ZIP PANAMA CITY FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME Bull, Claude ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D
NAME Goley, Gary ☒ Change ☐ Addition
STREET ADDRESS 8730 Thomas Dr. # 506
CITY-ST-ZIP Panama City Beh, FL 32408

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

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01 850-235-7927

Date

Daytime Phone #

CR2E037 (10/00)