

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

08-29-2001 90013 043 ****61.25

DOCUMENT # 770818

1. Entity Name

HOMEOWNERS ASSOCIATION OF MULLINS CONDOMINIUM, I

Principal Place of Business

**17477 HWY 98 FRONT BEACH ROAD
 PANAMA CITY BEACH FL 32407**

Mailing Address

**134 SKYLINE-DR
 INDIAN SPRINGS AL 35124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2551679

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

**TATE, W. HAROLD
 17477 HWY 98 FRONT BEACH RD
 PANAMA CITY FL 32407**

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 revalidating)

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 **PD**
 STREET ADDRESS **TATE, W. HAROLD**
 CITY-ST-ZIP **134 SKYLINE DR
 INDIAN SPRINGS FL 35124**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **BROWN, ZYREY FONE**
 CITY-ST-ZIP **5320 SUNRISE DR.
 BIRMINGHAM, ALA 35242**

TITLE ☒ Delete
 NAME **STD**
 STREET ADDRESS **TATE, DOROTHY D**
 CITY-ST-ZIP **134 SKYLINE DR
 INDIAN SPRINGS FL 35124**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TATE, KENNETH L**
 CITY-ST-ZIP **4984 SPRING ROCK RD
 BIRMINGHAM AL 35223**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

W. Harold Tate
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/20/01 205.9859018

CR2E037 (5/01)