

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G14966

1. Entity Name

BIKINI BEACH MOTEL, INC.

Principal Place of Business

11001 FRONT BEACH RD.  
PANAMA CITY BEACH FL 32407

Mailing Address

11001 FRONT BEACH RD.  
PANAMA CITY BEACH FL 32407-3527

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GHEESLING, JOHN LINSEY  
11001 FRONT BEACH ROAD  
PANAMA CITY FL 32407

7. Name and Address of New Registered Agent

Name John L. Gheesling III

Street Address (P.O. Box Number is Not Acceptable)

11001 Front Beach Road

City Panama City Beach FL Zip Code 32407

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

1-26-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GHEESLING, JOHN LINSEY	
STREET ADDRESS	11001 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GHEESLING, ROSE TILICH	
STREET ADDRESS	11001 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GHEESLING, JOHN L	
STREET ADDRESS	11001 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENRY, ANN G	
STREET ADDRESS	11001 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John L. Gheesling III	
STREET ADDRESS	11001 Front Beach Rd	
CITY-ST-ZIP	Panama City Beach, Florida 32407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN GHEESLING III 2-8-00 235-1251

FILED

Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90025 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE