

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G75188

1. Entity Name

EDGEWATER BEACH RESORT MANAGEMENT, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90094 010 ***150.00

Principal Place of Business

ALT HIGHWAY 98
BOX 9850
PANAMA CITY BEACH FL 32407

Mailing Address

119 EUCLID AVENUE
BIRMINGHAM AL 35213-2906
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

59-2369578

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

BURKE, LES
221 MCKENZIE AVE.
PANAMA CITY FL 32401

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

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	DVP	<input type="checkbox"/> Delete
NAME	NALL, WALLACE, JR.	
STREET ADDRESS	119 EUCLID AVE.	
CITY-ST-ZIP	BIRMINGHAM, ALABAMA00000	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BURNHAM, WESLEY L., JR.	
STREET ADDRESS	11212 ALT. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIPPS, HAROLD W. JR.	
STREET ADDRESS	500 ROBERT JEMISON ROAD	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEISLER, H.A.	
STREET ADDRESS	500 ROBERT JEMISON ROAD	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CREEKMORE, THOMAS JR.	
STREET ADDRESS	11212 ALT. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY BCH, FL00000	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FLEETWOOD. COVELLA	
STREET ADDRESS	11212 ALT. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY BCH, FL00000	

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	<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 #

W. NALL, JR. W. NALL, JR. 4-21-00 (205) 879-7720

CR2E034 (9/99)