

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**  
 03-29-2000 90018 040 \*\*\*150.00

DOCUMENT # **H32203**  
 1. Entity Name **LONG, BEACH INN, INC.** ✓

Principal Place of Business **10515 FRONT BEACH ROAD  
 PANAMA CITY BEACH  
 FLORIDA 32407**  
 Mailing Address **10515 FRONT BEACH ROAD  
 PANAMA CITY BEACH  
 FLORIDA 32407**

2. Principal Place of Business **10519 FRONT BEACH ROAD**  
 Suite, Apt. #, etc.  
 3. Mailing Address **10519 FRONT BEACH ROAD**  
 Suite, Apt. #, etc.

City & State **PANAMA CITY BEACH, FL.**  
 Zip **32407** Country **FLA**  
 City & State **PANAMA CITY BEACH, FL.**  
 Zip **32407** Country **FLA**

4. FEI Number **59-2469686**  
 Applied For ☐ Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LOVE, LYNN L.**  
**10601 FRONT BEACH ROAD**  
**PANAMA CITY BEACH, FL 32407**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>RICHEY, BILL</b>	
STREET ADDRESS	<b>10601 FRONT BEACH ROAD</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32407</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>LOVE, LYNN L.</b>	
STREET ADDRESS	<b>10601 FRONT BEACH ROAD</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32407</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>HARRAH, NANCY J.</b>	
STREET ADDRESS	<b>1507 E. 13TH PLAZA</b>	
CITY-ST-ZIP	<b>LYNN HAVEN, FLORIDA 32444</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **LYNN L. LOVE** **LYNN L. LOVE** **3/22/00** **850-234-2909**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)