

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **577796**

1. Entity Name

THE CLUB AT SANDY CREEK, INC.

Principal Place of Business

1732 HWY 2297

PANAMA CITY FL 32404

Mailing Address

1732 HWY 2297

PANAMA CITY FL 32404-2762

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

59-2815720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NABORS, SCOTT
456 HARRISON AVENUE
PANAMA CITY FL 32401

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

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARRISON, PATRICK A	
STREET ADDRESS	5644 WESTHEIMER #305	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVID, D. R.	
STREET ADDRESS	5644 WESTHEIMER #305	
CITY - ST - ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MASSEY, MICHAEL B.	
STREET ADDRESS	1400 1ST OAK BLVD. #400	
CITY - ST - ZIP	HOUSTON TX	
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		

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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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

CR2E034 (9/99)

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

PATRICK A. HARRISON **5/18/00** **(713) 461-9696**

Date

Daytime Phone #

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90050 004 ***150.00

00060947

DO NOT WRITE IN THIS SPACE

MAY 1 2000

WAREHOUSE ASSOC.
1345 CAMPBELL ROAD
SUITE 222
HOUSTON, TX 77055

Request taken by: sgreen
04-27-2000

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314