

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90080 038 ***150.00

0049706 AV

DOCUMENT # K02833

1. Entity Name

MAGNOLIA BEACH RV PARK, INC.

Principal Place of Business

7800 MAGNOLIA BEACH ROAD
PANAMA CITY FL 32408

Mailing Address

7800 MAGNOLIA BEACH ROAD
PANAMA CITY FL 32408

B0060113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4100 Magnolia Bch Rd
Suite, Apt. #, etc.

3. Mailing Address

4100 Magnolia Bch Rd
Suite, Apt. #, etc.

City & State

Panama City Bch, FL

City & State

Panama City Bch, FL

Zip

32408

Country

Bay

Zip

32408

Country

Bay

4. FEI Number

59-2856526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLEY, ANNE
7800 MAGNOLIA BCH RD.
PANAMA CITY FL 32408

Name

Holley, Anne

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

4100 Magnolia Bch Rd

City

Panama City Beach

FL

Zip Code

32408

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]

(NOTE: Registered Agent signature required when reinstating)

[Signature]

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, 2002 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 type="checkbox"/> Delete
NAME	HOLLEY, RUSSELL C.	
STREET ADDRESS	7800 MAGNOLIA BCH RD.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLLEY, ANNE S	
STREET ADDRESS	7800 MAGNOLIA BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32408	
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		
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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:

Anne S. Holley, Secy-Treas **3-29-02 (850) 235-1581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)