

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K05582

1. Entity Name

NAVARRE BEACH LAND COMPANY

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90206 019 ***150.00

Principal Place of Business

Mailing Address

% BOB MCTYEIRE
PO BOX 906
MARY ESTHER FL 32569-0906
US

% BOB MCTYEIRE
PO BOX 906
MARY ESTER FL 32569-0906
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

369 W. MIRACLE STRIP PKWY.
Suite, Apt. #, etc.

369 W. MIRACLE STRIP PKWY.
Suite, Apt. #, etc.

City & State

MARY ESTHER, FL

City & State

MARY ESTHER, FL

4. FEI Number

59-2861432

Applied For

Not Applicable

Zip

Country

32569

USA

Zip

Country

32569

USA

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

FOSTER, WILLIAM SCOTT
909 MAR-WALT DR.
#1014
FT. WALTON BEACH FL 32548

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 DV ☐ Delete
NAME BROOKS, JOHN W. III
STREET ADDRESS 115 PRYOR DRIVE
CITY-ST-ZIP MARY ESTHER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME MCTYEIRE, KATHERINE M.
STREET ADDRESS 2901 CAHABA RD.
CITY-ST-ZIP MOUNTAIN BROOK AL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MC TYEIRE, WILLIAM W.,JR
STREET ADDRESS 2901 CAHABA ROAD
CITY-ST-ZIP MOUNTAIN BROOK AL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME MC TYEIRE, ROBERT A.
STREET ADDRESS 369 W MIRACLE STRIP PKWY
CITY-ST-ZIP MARY ESTHER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

ROBERT A. MCTYEIRE

Date

2/28/00

Daytime Phone #

850

664-6859

CR2E034 (9/99)