

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93120

1. Entity Name

CHRISTMAS BY THE SEA, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90108 018 ***150.00

Principal Place of Business

9755 HIGHWAY 98 WEST
DESTIN FL 32541

Mailing Address

9755 HIGHWAY 98 WEST
DESTIN FL 32541

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

59-2952814

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KILPATRICK, MARTHA E.
9755 HWY. 98 WEST
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Ponder, Mona L.

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

9755 Hwy 98W.

City

Destin

FL

Zip Code

32541

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

Mona L. Ponder, Mona L. Ponder

4/26/00

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 PSTD
NAME KILPATRICK, MARTHA E.
STREET ADDRESS 116 NEWMAN DR.
CITY-ST-ZIP DESTIN FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Treasurer
NAME Melvin P. Ponder
STREET ADDRESS 3994 Lauren Ct.
CITY-ST-ZIP Destin FL 32541

☐ Change ☒ Addition

TITLE VP/Secretary
NAME Mona L. Ponder
STREET ADDRESS 3994 Lauren Ct.
CITY-ST-ZIP Destin, FL 32541

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

4/26/00 850-837-8171

Date

Daytime Phone #

CR2E034 (9/99)