

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90408 015 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000 0006405
 1. Entity Name
TIDEWATER BEACH DEVELOPMENT, L.L.C.

DO NOT WRITE IN THIS SPACE

968036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25 Walter Martin Rd N.E.		3. Mailing Address P.O. Box 1570	
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc.	
City & State Ft. Walton Beach, FL		City & State Ft. Walton Beach, FL	
Zip 32549	Country Ocalaosa	Zip 32549	Country Ocalaosa
4. FEI Number 59-3654643		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Elizabeth J. Walters	
Street Address (P.O. Box Number is Not Acceptable)	
221 McKenzie Avenue	
City Panama City	FL 32401

6. 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 *Thomas B. Henry, Jr.*
 Signature, typed or printed name of registered agent and not a duplicate.

(NOTE: Registered Agent signature required when changing.)

5/1/02

DATE

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$600.00
 Amended UBR is \$61.23
 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 NAME STREET ADDRESS CITY-ST-ZIP	M. Thomas B. Henry, Jr. 12889 Emerald Coast Pkwy Ste 111-A Destin, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. Herman F. Klein, Jr. 906 Ball Street, Suite 10 Perry, GA 31069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. Vic Deal P.O. Box 1570 Ft. Walton Beach, FL 32549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 on an attachment with an address, with all other like unpowered.

SIGNATURE *Thomas B. Henry, Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS B. HENRY, JR. 5/1/02 (850) 694-4818
 Date Verifier Phone #

CR2004B (12/01)