

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90003 015 ****50.00

DOCUMENT # L01000010501

1. Entity Name

COMMITTEE TO PRESERVE BAY POINT, L.L.C.

Principal Place of Business

**4116 HIGHWAY 231 NORTH
PANAMA CITY FL 32412**

Mailing Address

**4116 HIGHWAY 231 NORTH
PANAMA CITY FL 32412**

2. Principal Place of Business

2605 THOMAS DRIVE

3. Mailing Address

2605 THOMAS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

Zip

32408

Country

USA

Zip

32408

Country

USA

4. FEI Number

75-2995333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PENSON, ALBERT C
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **K. EARL DURDEN**
STREET ADDRESS **1804 NEAKFISH WAY**
CITY-ST-ZIP **PANAMA CITY, FL 32411**

TITLE **DIRECTOR** ☐ Delete
NAME **DAVID SPENCER**
STREET ADDRESS **12226 PANAMA CITY BEACH PARKWAY**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**

TITLE **DIRECTOR** ☐ Delete
NAME **HARRY B. SIPLE, III**
STREET ADDRESS **P.O. BOX 27067**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)