

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90078 029 \*\*\*150.00

**DOCUMENT # L79158**

1. Entity Name

**ANCHOR REALTY AND MORTGAGE COMPANY OF ST. GEORGE ISLAND**

Principal Place of Business

**119 FRANKLIN BLVD  
ST GEORGE ISLAND FL 32328  
US**

Mailing Address

**P.O. BOX 250  
APALACHICOLA FL 32329-0250  
US**

2. Principal Place of Business

**82 6th STREET**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**APALACHICOLA, FL**

City & State

Zip

Country

**32320**

**USA**

Country

**USA**

4. FEI Number

**59-3014672**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MONOD-DUCIMETIERE, OLIVER  
119 FRANKLIN BLVD  
ST. GEORGE ISLAND FL 32328**

7. Name and Address of New Registered Agent

Name **OLIVIER DUCIMETIERE - MONOD**  
Street Address (P.O. Box Number is Not Acceptable)  
**82 6th STREET**  
City **APALACHICOLA** FL Zip Code **32320**

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 **OLIVIER DUCIMETIERE-MONOD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/16/2002**

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 **STDP** ☐ Delete  
NAME **DUCIMETIERE-MONOD, OLIVER**  
STREET ADDRESS **119 FRANKLIN BLVD**  
CITY-ST-ZIP **ST GEORGE ISLAND FL 32328**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S/D/P** ☒ Change ☐ Addition  
NAME **OLIVIER DUCIMETIERE - MONOD**  
STREET ADDRESS **82 6th STREET**  
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE ☐ Change ☒ Addition  
NAME **CAROL J. BARINEAU**  
STREET ADDRESS **82 6th ST**  
CITY-ST-ZIP **APALACHICOLA, FL 32320**

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

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

TITLE ☐ Change ☐ Addition  
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 19.07(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:

**CAROL J. BARINEAU**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02**

Date

**(850) 653-3333**

Daytime Phone #

CR2E034 (9/01)