

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90131 017 \*\*\*\*61.25

**DOCUMENT # N00000002201**

1. Entity Name

**GRAYTON BEACH COTTAGES OWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**15 PINE ST.  
 SANTA ROSA BEACH FL 32459**

**15 PINE ST.  
 SANTA ROSA BEACH FL 32459**

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

**59-3695940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, STEVEN K  
 36468 EMERALD COAST PKWY  
 DESTIN FL 32541**

Name

**RICHARD VELDMAN**

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

**15 PINE STREET**

City

**SANTA ROSA BEACH**

FL

Zip Code

**32459**

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

**RICHARD VELDMAN, PRESIDENT 3/7/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	<b>D</b>	<b>VELDMAN, RICHARD</b>	<b>15 PINE ST. SANTA ROSA BEACH FL 32459</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<b>D</b>	<b>ROOKIS, RICHARD J</b>	<b>4444 W. SCENIC HWY. 30-A SANTA ROSA BEACH FL 32459</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<b>D</b>	<b>TAYLOR, COLE</b>	<b>2903 ARDEN RD. ATLANTA GA 30327</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED RICHARD VELDMAN 3/12/02 850 231-4444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-25-2002 90131 017