

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Apr 05, 2001 8:00 am
Secretary of State

03-21-2001 90055 022 *****61.25

DOCUMENT # N00000004597

1. Entity Name

PORT ST. JOE MERCHANT'S ASSOCIATION, INC. ✓

Principal Place of Business

401 CECIL G. COSTIN, SR. BLVD
PORT ST JOE FL 32456

Mailing Address

PO BOX 547
PORT ST JOE FL 32457
NJ

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

1

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2994313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIX, HIRAM
401 CECIL G. COSTIN, SR. BLVD
PORT ST JOE FL 32456

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 re-registering)

DATE

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	D	<input checked="" type="checkbox"/> Delete
NAME	DORMAN, KRISTI	
STREET ADDRESS	POST OFFICE FOX 547	
CITY-ST-ZIP	PORT ST JOE FL 32457	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERSON, RALPH	
STREET ADDRESS	POST OFFICE FOX 547	
CITY-ST-ZIP	PORT ST JOE FL 32457	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIX, HIRAM	
STREET ADDRESS	POST OFFICE FOX 547	
CITY-ST-ZIP	PORT ST JOE FL 32457	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTIN, CATHY	
STREET ADDRESS	POST OFFICE FOX 547	
CITY-ST-ZIP	PORT ST JOE FL 32457	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of Hiram Nix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)