

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004689**

1. Entity Name

MACK BAYOU ESTATES OWNER'S ASSOCIATION, INC.

Principal Place of Business

1131 MACK BAYOU ROAD
SANTA ROSA BEACH F: 32459

Mailing Address

1131 MACK BAYOU ROAD
SANTA ROSA BEACH F: 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

59-3644224

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
36008 EMERALD COAST PKWY
DESTIN FL 32541

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 \$61.25
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/V/D
STREET ADDRESS	JOHN MARTIN
CITY-ST-ZIP	1131 MACKBAYOU Rd SANTA ROSA BEACH, FL. 32459
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/T/D
STREET ADDRESS	WANDA MARTIN
CITY-ST-ZIP	930 GULF SHORE DR #23 DESTIN, FLORIDA 32541
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	ROBERT E MCGILL
CITY-ST-ZIP	36008 Emerald Coast Pkwy Suite 301 Destin, Florida 32541
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: *Robert E McGill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01

Date

(850) 837-9332

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS01 OCT -1 AM 8:51
N00000004689

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)