

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01041

1. Entity Name

THE BEACH AND YACHT CLUB AT PERDIDO KEY OWNERS A

Principal Place of Business

Mailing Address

16790 PERDIDO KEY DRIVE
PENSACOLA FL 32507-9324

16790 PERDIDO KEY DRIVE
PENSACOLA FL 32507-9324

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

59-2625303

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

FLEMING, FLETCHER
226 S. PALAFOX STREET 9TH FLOOR
SEVILLE TOWER
PENSACOLA FL 32501

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

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 P ☒ Delete
NAME DRAKE, NICKY
STREET ADDRESS 1421 HIGHLAND PARK DR
CITY-ST-ZIP JACKSON MS 39211

TITLE PRESIDENT P ☐ Change ☒ Addition
NAME MAC WAGNON
STREET ADDRESS 119 MOUNTAIN PARK DRIVE
CITY-ST-ZIP BIRMINGHAM, AL 55213

TITLE T ☒ Delete
NAME MANSHEL, STEVEN
STREET ADDRESS 7523 GARNET ST
CITY-ST-ZIP NEW ORLEANS LA

TITLE TREASURER T ☐ Change ☒ Addition
NAME CAPPY STAHLMAN
STREET ADDRESS P.O. BOX 18609
CITY-ST-ZIP NATCHEZ, MS 39122

TITLE S ☒ Delete
NAME MACBETH, WAGNON
STREET ADDRESS 2001 PARK PLACE
CITY-ST-ZIP BIRMINGHAM AL 35203-2736

TITLE Secretary S ☐ Change ☒ Addition
NAME Bobby Cham
STREET ADDRESS 312 SIXTH AVENUE
CITY-ST-ZIP HATTIESBURG, MS 39401

TITLE D ☒ Delete
NAME NORMAN, SUSAN
STREET ADDRESS 16795 PERDIDO KEY DR 1003B
CITY-ST-ZIP PENSACOLA FL 32507

TITLE DIRECTOR D ☐ Change ☒ Addition
NAME BOBBY SHEPHERD
STREET ADDRESS 507 BROOKWOOD BLVD.
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE D ☒ Delete
NAME SHEPHERD, BOBBY
STREET ADDRESS 3581 RIVER BEND RD
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE DIRECTOR D ☐ Change ☒ Addition
NAME CHARLES SMITH
STREET ADDRESS 233 W. Livingston Pl
CITY-ST-ZIP Metairie, LA 70005

TITLE D ☒ Delete
NAME STAHLMAN, CAPPY
STREET ADDRESS PO BOX 18609
CITY-ST-ZIP NATCHEZ MS 39122

TITLE DIRECTOR D ☐ Change ☒ Addition
NAME NELSON HALL
STREET ADDRESS P.O. BOX 3096
CITY-ST-ZIP MERIDIAN, MS 39303

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:

Macbeth Wagon, Jr. (Macbeth Wagon, Jr.) 3/13/00 850/442-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)