

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90001 041 \*\*\*\*61.25

**DOCUMENT # N01041**

1. Entity Name

**THE BEACH AND YACHT CLUB AT PERDIDO KEY OWNERS ASSOCIATION, INC.**

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

4. FEI Number

**59-2625303**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete  
 NAME **T**  
 STREET ADDRESS **HUGHES, WILLIAM**  
 CITY-ST-ZIP **3300 EVERGREEN HILL**  
**MONTGOMERY AL 36106**

TITLE ☒ Change ☐ Addition  
 NAME **President**  
 STREET ADDRESS **Hughes, William**  
 CITY-ST-ZIP **3300 Evergreen Hill**  
**Montgomery, AL 36106**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CALDWELL, MILLER**  
 CITY-ST-ZIP **107 SHORELINE DR**  
**GULF BREEZE FL 32561**

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Loflin, Wes**  
 CITY-ST-ZIP **PO Box 4987**  
**Monroe, LA 71211**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **CHAIN, BOBBY**  
 CITY-ST-ZIP **312 SIXTH AVE**  
**HATTIESBURG MS 39401**

TITLE ☒ Change ☐ Addition  
 NAME **Vice President**  
 STREET ADDRESS **Chain Bobby**  
 CITY-ST-ZIP **312 Sixth Ave.**  
**Hattiesburg, MS 39401**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **SHEPHERD, BOBBY**  
 CITY-ST-ZIP **507 BROOKWOOD BLVD**  
**BIRMINGHAM AL 35209**

TITLE ☐ Change ☒ Addition  
 NAME **Secretary**  
 STREET ADDRESS **Morgan, Cecil**  
 CITY-ST-ZIP **3090 Overhill Drive**  
**Birmingham, AL 35223**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SMITH, CHARLES**  
 CITY-ST-ZIP **233 W LIVINGSTON PL**  
**METairie LA 70005**

TITLE ☒ Change ☐ Addition  
 NAME **Treasurer**  
 STREET ADDRESS **Smith, Charles**  
 CITY-ST-ZIP **5421 St Charles**  
**New Orleans, LA 70115**

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **HALL, NELSON**  
 CITY-ST-ZIP **PO BOX 3096**  
**MERIDIAN MS 34303**

TITLE ☒ Change ☐ Addition  
 NAME **Director**  
 STREET ADDRESS **Hall Nelson**  
 CITY-ST-ZIP **PO Box 3096**  
**Meridian, MS 34303**

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: *William S. Hughes*

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

850/492-1070

Date

Daytime Phone #

CR2E037 (9/01)