

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90121 005 \*\*\*\*61.25

**DOCUMENT # N04884**

1. Entity Name

**INLET SANDS OWNERS ASSOCIATION, INC.**

Principal Place of Business

126 S WALTON  
LAKESHORE DR 2  
PANAMA CITY FL 32413  
US

Mailing Address

PO BOX 615  
COLUMBIANA AL 35051-0615  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2746186**Applied For  
Not Applied For

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****O'BRIAN, DEBBIE**  
**RT. 6, BOX 429**  
**PANAMA CITY FL 32407**

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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, WILSON</b>	
STREET ADDRESS	<b>106 WEST STERRET STREET</b>	
CITY-ST-ZIP	<b>COLUMBIANA AL 35051</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ELWELL, BRENDA</b>	
STREET ADDRESS	<b>3660 SPRINGWELL CT</b>	
CITY-ST-ZIP	<b>DOUGLASVILLE GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIBSON, THOMAS H.</b>	
STREET ADDRESS	<b>1140 COMMERCE RD</b>	
CITY-ST-ZIP	<b>MARROW GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAFLAND, JOE</b>	
STREET ADDRESS	<b>3869 PELCA AVE</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DELONEY, ANGELA</b>	
STREET ADDRESS	<b>806 WIMBLEDON DRIVE</b>	
CITY-ST-ZIP	<b>DOTHAN AL</b>	
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 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		
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 THOMAS H. GIBSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

720-968-7700

Daytime Phone #