

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90145 039 ****70.00

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

% M.D. BELL
 5780 MILLER ROAD EXT.
 AUSTELL GA 30106
 US

2. Principal Place of Business

3. Mailing Address *M. DIANE BELL*
 5108 HARVEST RIDGE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Alpharetta, GA

4. FEI Number

59-2746186

Applied For

Not Applicable

Zip

Country

Zip

30022

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONCRIEF, MICHAEL
 219 MOONLIGHT BAY DRIVE
 PANAMA CITY BEACH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Moncrief - michael Moncrief

7-22-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 **P**
 STREET ADDRESS **BATISTA, MAXIMO A**
 CITY-ST-ZIP **3221 TURTLE LAKE COURT**
MARIETTA GA 30067-5018

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **BELVIN, JIM**
 CITY-ST-ZIP **5304 CUMBERLAND WAY**
STONE MOUNTAIN GA 30087

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BELL, M. DIANE**
 CITY-ST-ZIP **5780 MILLER RD. EXT.**
AUSTELL GA 30106

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCULLAR, DAWN**
 CITY-ST-ZIP **4950 CARBY STATION ROAD**
GREENSBORO GA 30642

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DELONEY, BILL**
 CITY-ST-ZIP **210 FOXWORTH COURT**
DOTHAN AL 36305

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Michael Moncrief

7-22-02

404 456 7824

CR2E037 (4/02)