

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N10674**

1. Entity Name

SEA OATS WEST CONDOMINIUM ASSOCIATION OF PENSACO

Principal Place of Business

**17281 PERDIDO KEY DRIVE
PENSACOLA FL 32507**

Mailing Address

**329 8TH STREET
ATLANTIC BEACH FL 32233-5435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**59-2579954**

Applied For

Not Applied For

6. Name and Address of Current Registered Agent**ULRICH, DAVID
329 8TH STREET
ATLANTIC BEACH FL 32233****7. Name and Address of New Registered Agent**

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 ☐ Delete
NAME **PD REYNOLDS, ROBERT D**
STREET ADDRESS **4058 HICKORY DRIVE**
CITY-ST-ZIP **MONTGOMERY AL 36109**TITLE ☐ Delete
NAME **TD ULRICH, DAVID**
STREET ADDRESS **329 8TH STREET**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**TITLE ☐ Delete
NAME **SD KINSEY, JANE**
STREET ADDRESS **306 PORT ROYAL WAY**
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID A. ULRICH**2/6/2000 (904) 542-5100****FILED
Feb 14, 2000 8:00 am
Secretary of State**

02-14-2000 90023 002 ****61.25



DO NOT WRITE IN THIS SPACE