

2000 UNIFORM BUSINESS REPORT (UBR)

0081745

DOCUMENT # N20325

1. Entity Name

HARBOURTOWN SHOPPING VILLAGE OF FORT WALTON BEAC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR-1 AM 8:52

Principal Place of Business

Mailing Address

POST OFFICE BOX 1735
DESTIN FL 32540

POST OFFICE BOX 1735
DESTIN FL 32540-1735



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2855558

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

**ODOM, JAY
4652 GULF STARR DR
DESTIN FL 32541**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ODOM, JAY
4652 GULF STARR DR
DESTIN FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900003180529-5
-03/22/00-01094-007
***116.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BETHEA, MARK
99 EGLIN PKWY. NE STE. 46
FT. WALTON BEACH FL 32548** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEY, CINDY J
182 S SHORE DR
DESTIN FL 32541** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEY, CINDY J
182 S SHORE DR
DESTIN FL 32541** ☐ Delete

TITLE
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CITY-ST-ZIP
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LEY, CINDY J
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DESTIN FL 32541** ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)