

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46940

1. Entity Name

SEASIDE TOWN COUNCIL, INC.

Principal Place of Business

Mailing Address

PO BOX 4957
SANTA ROSA BEACH FL 32459
US

PO BOX 4957
SANTA ROSA BEACH FL 32459-4957
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3105801

Applied For

Not Applicable

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

McFARLAND, CONNIE
HOLL BUILDING
HIGHWAY 30-A
SANTA ROSA BEACH FL 32549

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 VPD
NAME WRIGHT, BAGBY
STREET ADDRESS 317 E 3RD AVE
CITY-ST-ZIP ROME GA 30161 ☒ Delete

TITLE VPD
NAME Tom Sopic
STREET ADDRESS 308 Bridlewood N.
CITY-ST-ZIP Colleyville TX 76034 ☐ Change ☒ Addition

TITLE D
NAME SCRUGGS, DAVID
STREET ADDRESS 81 MONROE AVENUE
CITY-ST-ZIP MEMPHIS TN ☐ Delete

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

TITLE SD
NAME LILLY, ED
STREET ADDRESS 42 PENSACOLA ST
CITY-ST-ZIP SEASIDE FL ☒ Delete

TITLE SD
NAME Fred Buehler
STREET ADDRESS 1401 Johnson Ferry Rd
CITY-ST-ZIP Marietta GA ☐ Change ☒ Addition

TITLE TD
NAME NOONAN, BRUCE
STREET ADDRESS 3810 PLAZA ST.
CITY-ST-ZIP COCONUT GROVE FL ☐ Delete

TITLE PD
NAME Bruce Noonan
STREET ADDRESS 3810 Plaza St.
CITY-ST-ZIP Coconut Grove FL ☒ Change ☐ Addition

TITLE PD
NAME CALLAN, GEORGINA
STREET ADDRESS 1535 OCTAVIA ST
CITY-ST-ZIP NEW ORLEANS LA ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Bruce Noonan* *3/27/00* *305.854.0580*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90068 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)