

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90034 033 ****61.25

DOCUMENT # N92000000922

1. Entity Name

THE SEASIDE MERCHANTS' ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 4870
 SANTA ROSA BEACH FL 32459
 US

Mailing Address

P. O. BOX 4870
 SANTA ROSA BEACH FL 32459
 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

59-3179282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SEASIDE COMMUNITY DEVELOPMENT CORPORATION
ATTN: PAULA ROOKS
COUNTY ROAD 30-A
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name **Paula Simpler**

Street Address (P.O. Box Number is Not Acceptable)

County Road 30-A

Santa Rosa Beach

FL

Zip Code
32459

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

Paula Simpler Paula Simpler

1-14-02

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

(NOT: 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 NAME STREET ADDRESS CITY-ST-ZIP | D ROY, CARA P.O. BOX 4870 COUNTY HWY. 30-A SANTA ROSA BEACH FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLECKENSTEIN, JOYCE P.O. BOX 4870, COUNTY HWY. 30-A SANTA ROSA BEACH FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DE GREGORIO, DAVID P.O. BOX 4870, COUNTY ROAD 30-A SANTA ROSA BEACH FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Richard Grenamyer P.O. Box 4870, County Rd 30-A Santa Rosa Beach, FL 32459 | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman William Dawson P.O. Box 4870, County Rd 30-A Santa Rosa Beach, FL 32459 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Rick Severance P.O. Box 4870, County Rd. 30-A Santa Rosa Beach, FL 32459 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Norman Fritz P.O. Box 4870, County Rd 30-A Santa Rosa Beach, FL 32459 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Holly Speight P.O. Box 4870, County Rd 30-A Santa Rosa Beach, FL 32459 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Erica Gibson Pierce P.O. Box 4870, County Rd. 30-A Santa Rosa Beach, FL 32459 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Judith Proctor P.O. Box 4870, County Rd 30-A Santa Rosa Beach, FL 32459 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

William Dawson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

850-281-5424

Daytime Phone #

CR2E037 (9/01)