

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90135 010 \*\*\*\*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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SIMPLER, PAULER  
COUNTRY ROAD 30 A  
COUNTY ROAD 30-A  
SANTA ROSA BEACH FL 32459**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ROY, CARA</b>	
STREET ADDRESS	<b>P.O. BOX 4870 COUNTY HWY. 30-A</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICK, SEVERANCE</b>	
STREET ADDRESS	<b>P.O. BOX 4870, COUNTY HWY. 30-A</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRITZ, NORMAN</b>	
STREET ADDRESS	<b>P.O. BOX 4870, COUNTY ROAD 30-A</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ERICA, PEIRCE</b>	
STREET ADDRESS	<b>O B 4870 COUNTRY ROAD</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JUDITH, PROCTOR</b>	
STREET ADDRESS	<b>PO BOX 4872 COUNTRY ROAD</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SPEITH, HOLLY</b>	
STREET ADDRESS	<b>PO BOX 4871 COUNTRY RD</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Joyce Fleckenstein, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P.O. Box 4870</b>	
STREET ADDRESS	<b>County Hwy 30-A</b>	
CITY-ST-ZIP	<b>Santa Rosa Beach, FL 32459</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William R. Dawson III</b>	
STREET ADDRESS	<b>P.O. Box 4870, County Hwy 30-A</b>	
CITY-ST-ZIP	<b>Santa Rosa Beach, FL 32459</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cara Roy</b>	
STREET ADDRESS	<b>P.O. Box 4870 Hwy 30-A</b>	
CITY-ST-ZIP	<b>Santa Rosa Beach FL 32459</b>	
TITLE	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rick Severance</b>	
STREET ADDRESS	<b>P.O. Box 4870, County Hwy 30-A</b>	
CITY-ST-ZIP	<b>Santa Rosa Beach FL 32459</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Rick Severance**

**01/10/03 850-231-5424**

CR2E037 (10/02)