

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001863

1. Entity Name

JADE EAST TOWERS OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90086 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1018 E. HIGHWAY 98  
DESTIN FL 32541

1018 E. HIGHWAY 98  
DESTIN FL 32541-2956

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

59-3371709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

D'ONOFRIO, DAN  
1018 HIGHWAY 98 EAST  
DESTIN FL 32541

## 7. Name and Address of New Registered Agent

Name WALTER D. SCOTT  
Street Address (Do not include P.O. Box)  
1018 HWY 98 EAST  
DESTIN  
City FL Zip Code 32541

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	P	<input checked="" type="checkbox"/> Delete
NAME	BELL, LLOYD	
STREET ADDRESS	1018 HWY 98 E	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PITTMAN, MIKE	
STREET ADDRESS	1018 HWY 98 E	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLUCK, ED	
STREET ADDRESS	1018 HWY 98 E	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, PAUL	
STREET ADDRESS	1018 HWY 98 E	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	AWBREY, MARK	
STREET ADDRESS	1018 HWY 98 E	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Mayfield	
STREET ADDRESS	1391 WESLEY PARKWAY	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN PETRUSEK	
STREET ADDRESS	1619 OAK HILL ROAD	
CITY-ST-ZIP	MEMPHIS, TN 38138	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED CLUCK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL WATSON	
STREET ADDRESS	6020 WILLOWOOD DRIVE	
CITY-ST-ZIP	GREENVILLE MS 38701	
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 officers or directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)