

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003488

1. Entity Name

CAMP CREEK COVE HOME OWNERS' ASSOCIATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90040 034 ****61.25

Principal Place of Business
~~402~~ JENKS AVENUE
PANAMA CITY FL 32401

Mailing Address
~~402~~ JENKS AVENUE
PANAMA CITY FL 32401-2626

2. Principal Place of Business
404 Jenks Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City, Florida

City & State

4. FEI Number
59-3447437

Applied For
Not Applicable

Zip
32401

Country
USA

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

GIOIELLO, JOHN L ESQ.
~~402~~ JENKS AVENUE
PANAMA CITY FL 32401

Address Change requested

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 PD ☐ Delete
NAME STABELL, PETER B
STREET ADDRESS ~~402~~ JENKS AVENUE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE Same ☒ Change ☐ Addition
NAME Same
STREET ADDRESS 404 Jenks Avenue
CITY-ST-ZIP Same

TITLE TD ☐ Delete
NAME STABELL, JASON P
STREET ADDRESS ~~402~~ JENKS AVENUE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE Same ☒ Change ☐ Addition
NAME Same
STREET ADDRESS 404 Jenks Avenue
CITY-ST-ZIP Same

TITLE VD ☐ Delete
NAME ANDERS, JIM
STREET ADDRESS ~~402~~ JENKS AVENUE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE Same ☒ Change ☐ Addition
NAME Same
STREET ADDRESS 404 Jenks Avenue
CITY-ST-ZIP Same

TITLE S. ☐ Delete
NAME STABELL, KAARINA M
STREET ADDRESS ~~402~~ JENKS AVENUE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE Same ☒ Change ☐ Addition
NAME Same
STREET ADDRESS 404 Jenks Avenue
CITY-ST-ZIP Same

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2000 850-763-9006