

2000 UNIFORM BUSINESS REPORT (UBR)

3/2/00-90101-015-\$61.25-\$61.25

DOCUMENT # N96000001058

1. Entity Name

HISTORIC INLET BEACH NEIGHBORHOOD ASSOCIATION, I

FILED

00 APR -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 173
SUNNYSIDE FL 32461-0173

P.O. BOX 173
SUNNYSIDE FL 32461-0173

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

59-3345378

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

Name

NO Change

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

215 POMPANO DRIVE

City

FL

Zip Code

JONES, PATRICK
215 POMPANO DR
INLET BCH FL 32413

correct →

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

Patrick Jones

2-21-00

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	JONES, PATRICK	
STREET ADDRESS	215 POMPANO DR	
CITY-ST-ZIP	INLET BCH FL 32413	(President)
TITLE	VPD	☒ Delete
NAME	LETCHER, BETTY	
STREET ADDRESS	115 WEST PARK PLACE	
CITY-ST-ZIP	INLET BEACH FL 32413	
TITLE	SD	☒ Delete
NAME	JONES, NANCY	
STREET ADDRESS	215 POMPANO DR	
CITY-ST-ZIP	INLET BEACH FL	
TITLE	T	☒ Delete
NAME	BYRNE, PATRICIA H	
STREET ADDRESS	384 WALTON ROSE LANE	
CITY-ST-ZIP	INLET BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DON SCHROEDER	☐ Change ☒ Addition
NAME	324 STILLWATER COVE	
STREET ADDRESS	DESTIN, FL 32541	(Secretary)
CITY-ST-ZIP		
TITLE	JOAN FRASER	☒ Change ☒ Addition
NAME	154F WEST PARK PL.	
STREET ADDRESS	PANAMA CITY BEH, FL 32413	(Vice President)
CITY-ST-ZIP		
TITLE	ELLEN PARISH	☒ Change ☒ Addition
NAME	POMPANO ROAD	
STREET ADDRESS	INLET BCH FL 32413	(Treasurer)
CITY-ST-ZIP		
TITLE	FRAN BRIGHT	☒ Change ☐ Addition
NAME	236 WALTON ROSE LN.	
STREET ADDRESS	PANAMA CITY BEH, FL 32413	Director
CITY-ST-ZIP		
TITLE	STEVE WOOD	☐ Change ☒ Addition
NAME	82 EMERALD COVE LN.	
STREET ADDRESS	INLET BCH FL 32413	Director
CITY-ST-ZIP		
TITLE	HARRY GILDER	☐ Change ☒ Addition
NAME	178 WALTON ROSE LN	
STREET ADDRESS	INLET BCH FL 32413	Director
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:

Patrick Jones REQUIRED *Patrick Jones*

2-24-00

(334) 793-8058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)