2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # N96000001058

FILED

'00 APR -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

HISTORIC INLET BEACH NEIGHBORHOOD ASSOCIATION, I

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
JONES, PATRICK 215 POMPANO DR INLET BCH FL 32413	Name: NO Change Street Address (P.O. Box Number is Not Acceptable): 215 POMPANO DRIVE City: FL Zip Code:

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	TITLE	DON SCHROEDER ☐ Change ☒ Addition
NAME	JONES, PATRICK (President)	NAME	
STREET ADDRESS	215 POMPANO DR	STREET ADDRESS	324 Stillwater Cove (Secretary)
CITY-ST-ZIP	INLET BCH FL 32413	CITY-ST-ZIP	DESTIN, FL. 32541
TITLE	VPD ☒ Delete	TITLE	JOAN FRASER ☒ Change ☐ Addition
NAME	LETCHER, BETTY	NAME	
STREET ADDRESS	115 WEST PARK PLACE	STREET ADDRESS	154F WEST PARK PL. (Vice President)
CITY-ST-ZIP	INLET BEACH FL 32413	CITY-ST-ZIP	PANAMA City Bch, FL. 32413
TITLE	SD ☒ Delete	TITLE	ELLEN PARISH ☒ Change ☒ Addition
NAME	JONES, NANCY	NAME	
STREET ADDRESS	215 POMPANO DR	STREET ADDRESS	POMPANO ROAD (Treasurer)
CITY-ST-ZIP	INLET BEACH FL	CITY-ST-ZIP	INLET BCH. FL. 32413
TITLE	T ☒ Delete	TITLE	FRAN BRIGHT ☒ Change ☐ Addition
NAME	BYRNE, PATRICIA H	NAME	
STREET ADDRESS	384 WALTON ROSE LANE	STREET ADDRESS	236 WALTON ROSE LN. Director
CITY-ST-ZIP	INLET BEACH FL	CITY-ST-ZIP	PANAMA City Bch, FL. 32413
TITLE	☐ Delete	TITLE	JACK WOOD ☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	82 EMERALD Cove LN. Director
CITY-ST-ZIP		CITY-ST-ZIP	INLET BCH, FL. 32413
TITLE	☐ Delete	TITLE	HARRY GILDER ☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	178 WALTON ROSE LN Director
CITY-ST-ZIP		CITY-ST-ZIP	INLET BCH FL. 32413

CR2E037 (9/99)

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 Patrick Jones 2-24-00 (334) 793-8058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #