

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90004 035 ****61.25

DOCUMENT # *N96000001058*

1. Entity Name

HISTORIC INLET BEACH NEIGHBORHOOD ASSOCIATION,

Principal Place of Business

Mailing Address

P. O. BOX 7563

same

Panama City Beach, Fl. 32413

80059835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

59 3345378

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

Jack Wood
 82 Emerald Cove Ln.
 Panama City Beach, Fl. 32413

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/4/01

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	<i>PG</i>	<input type="checkbox"/> Delete
NAME	<i>Jack Wood</i>	
STREET ADDRESS	<i>82 Emerald Cove Ln</i>	
CITY-ST-ZIP	<i>Panama City Beach FL 32413</i>	
TITLE	<i>VPD</i>	<input type="checkbox"/> Delete
NAME	<i>Dean Fraser</i>	
STREET ADDRESS	<i>115 West Park Pl</i>	
CITY-ST-ZIP	<i>Panama City Beach FL 32413</i>	
TITLE	<i>SA</i>	<input type="checkbox"/> Delete
NAME	<i>Ruthy Carpenter</i>	
STREET ADDRESS	<i>41 Winston Ln</i>	
CITY-ST-ZIP	<i>Panama City Beach FL 32413</i>	
TITLE	<i>T</i>	<input type="checkbox"/> Delete
NAME	<i>Ellen Parish</i>	
STREET ADDRESS	<i>187 Pompano St</i>	
CITY-ST-ZIP	<i>Panama City Beach FL 32413</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Chip Letcher</i>	
STREET ADDRESS	<i>115 West Park Place</i>	
CITY-ST-ZIP	<i>Panama City Beach FL 32413</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Ron Waldron</i>	
STREET ADDRESS	<i>4016 Round Forest Circle</i>	
CITY-ST-ZIP	<i>Birmingham AL 35213</i>	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/4/01

CR2E037 (11/00)