

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90125 014 ****61.25

DOCUMENT # N96000002204

1. Entity Name
COASTAL PLAINS CHAPTER, INC.

Principal Place of Business Mailing Address
3814 TIGER POINT **3814 TIGER POINT**
GULF BREEZE FL 32561 **GULF BREEZE FL 32561-3512**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3308127** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WATERS, G. DWAIN
3814 TIGER POINT
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOLD, CYNTHIA		NAME		
STREET ADDRESS	600 S BARRACKS ST STE 210		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEADE, JOHN D		NAME		
STREET ADDRESS	11 E DIVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATERS, DWAIN G		NAME		
STREET ADDRESS	3814 TIGER POINT		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODGERS, VICKY		NAME		
STREET ADDRESS	345 ANCHORS ST		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL 32584		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, DENNIS M		NAME		
STREET ADDRESS	3520 WEST PLYMPTON RD		STREET ADDRESS		
CITY-ST-ZIP	LAUREL HILL FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNELL, ED		NAME	Director	
STREET ADDRESS	8205 SCENIC HIGHWAY APT D		STREET ADDRESS	McLeod, Bruce	
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP	3000 Old Chemstrand Road	
				Gonzalez, FL 32560	

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: *S. Dwain Waters* **3/15/2000** **(850) 444-6527**

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