## 2000 UNIFORM BUSINESS REPORT (UBR)

### DOCUMENT # N96000004821

1. Entity Name

#### PERDIDO BAY COUNTRY CLUB ESTATES HOMEOWNER'S ASS

Principal Place of Business

Mailing Address

5270 CHOCTAW AVE PENSACOLA FL 32507 P.O. BOX 34419

PENSACOLA FL 32507-4419

US

# 2. Principal Place of Business 2. ROWSTRING CIR PO Box 34419 Suite, Apt. #, etc. Suite, Apt. #, etc.

## FILED Apr 14, 2000 8:00 am Secretary of State

04-14-2000 90101 006 \*\*\*\*61.25



よ KO Suite, Apt.	WSTRING CIR	<ul> <li>PO Box 37</li> <li>Suite, Apt. #, etc.</li> </ul>			DO NOT WRITE IN THIS SPACE				
		· · · · · · · · · · · · · · · · · · ·			SOROT WHILE				
City & Stat	te	City & State	.,	4. FEI Number	L00E0440		$\rightarrow$	plied For	
PENSE	ACOLA, FL	YENSALOLA, F		38	-2353442			t Applicable	
Zip 325	Country US	32507-4419	Country U.S.	5. Certificate of Sta	atus Desired [		<b>75</b> Add Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Add	ess of New Regis	tered Ager	it		
			Name						
			. Street Ad	ddress (P.O. Box Number is N	ot Acceptable)				
	LLY & ODOM, P.A.			1.51.51					
15 WEST I	t .								
PENSACUI	LA FL 32501 \		City			FL	Zip Code	<del>)</del>	
/	<u> </u>				·				
3. The above	named entity submits this statement	for the purpose of changing its regis	stered office or	registered agent, or both, in t	he state of Florida.				
\	· Mill		-		/	/			
	~ 2 W   1	PETER B. HUNT,	PERFECTO.	Q	4/1/	2000			
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: Reg		re required when reinstating)	<del></del>	DATE			
	- X								
	FILE NOW:	9. Election Campaign Fina	necina	<b>05.00</b>	Make Ch	sock Boy	abla ta		
	FEE IS \$61.25 Trust Fund Contribution			\$5.00 May Be Added to Fees					
	PEE 13 \$01.25 \	1		7,0000 10 1 000	Осран		Juic		
0.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIREC	FORS IN	10	
	PO DIRECTOR	☐ Delete	TITLE	PRESIDENT			Change	Addition	
IAME	HUNT, PETER		NAME	TED SMALLE			_		
STREET ADDRESS	5070 CHOCTAW AVE		STREET ADDRESS	2 BOWSTRING	CIR				
CITY-ST-ZIP	PENSACOLA FL 32507		CITY-ST-ZIP	PENSACOLA,	FL 3250	)フ			
ITLE	PD	Delete	TITLE	SECRETARY / TI	REASURER		Change	Addition	
IAME	von Lorenz, J. E.	<i>'</i> `	NAME	JERRY RE	METT			•	
TREET ADDRESS	50 ARAPAHO DR		STREET ADDRESS	A NACHHO D	P _				
ITY-ST-ZIP	PENSACOLA FL 32507		CITY-ST-ZIP	MENSACOLA, 1	-L 3250			- 1-2	
ITLE	VD	7\		DIRECTOR			Change	Addition	
IAME	NIX, FREDERICK		NAME	JERRY MILLE	R			•	
TREET ADDRESS	5084 SHOSHONE DR		STREET ADDRESS CITY-ST-ZIP	5213 CHOCTAI PENSACOLA, E	NAYE -	_		•	
-	PENSACOLA FL 32507	\	VII 1-31-21F	PENSACOLA, E	L 32507	<u>'                                    </u>	01	A delica a	
TITLE ~	D	7 (	TITLE NAME	Dell Fron		ا_  حسب	Change	Addition	
HAME STREET ADDRESS	KORTELING, HENRY 31 ARADAHE DR			BILL FORD 4MAYA CT					
ITY-\$T-ZIP	PENSACOLA FL 32507			PENSACOLA, E	, 3250	フ		•	
	DT	<del></del>	TITLE	PENSALOLA, P			Change	Addition	
AME	SULLIVAN, RAYMOND	/- <b>V</b> ·····		TOAD OFFER			Onlange	Addition	
TREET ADDRESS	5194 PALE MOON DR		STREET ADDRESS	TODO RETTER 5003 SHOSHON PENSACOLA, FI	IF DR				
ITY-ST-ZIP	PENSACOLA FL 32507		CITY-ST-ZIP	PENSACOLA. EL	32507	ı			
ITLE	D	☐ Delete	TITLE	<u> </u>	<del> </del>		Change	Addition	
AME	ROOSE, SAM		NAME			J	<b>6-</b>		
	5243 PALE MOON DR		STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32507		CITY-ST-ZIP						
UIT-SI-ZIP	PENSACOLA FL 32507	itt Ali - Ell - des mas mas malif. Con the	UIT-SI-ZIP	ed in Castine 110 07/3V(). Flo	rida Statutaa I furti		has shan to	· · · · · · · · · · · · · · · · · · ·	

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 suppliemental 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 by vustee 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 attachine the vitted and address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2000

850) 434-9/23

Dayline Phone #