

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90266 005 ****61.25

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1. Entity Name

PERDIDO BAY COUNTRY CLUB ESTATES HOMEOWNER'S ASS

Principal Place of Business

**2 ROWSTRING CIR.
PENSACOLA FL 32507
US**

Mailing Address

**P.O. BOX 34419
PENSACOLA FL 32507-4419
US**

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

59-2353442

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

**KIEVIT, KELLY & ODOM, P.A.
15 WEST MAIN ST
PENSACOLA FL 32501**

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

Pete Hunt

PETER B. HUNT PRESIDENT PBCCHOA

8/30/01

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
After September 12, 2001, min. will be \$236.25**

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	D	<input type="checkbox"/> Delete
NAME	HUNT, PETER	
STREET ADDRESS	5070 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMALLEY, TED	
STREET ADDRESS	2 BOWSTRING CIR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENNETT, JERRY	
STREET ADDRESS	4 NAVAHO DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JERRY	
STREET ADDRESS	5313 CHOCTAWAVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FORD, BILL	
STREET ADDRESS	4 MAYA CT	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOSE, SAM	
STREET ADDRESS	5243 PALE MOON DR	
CITY-ST-ZIP	PENSACOLA FL 32507	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINDY LIPTAK	
STREET ADDRESS	5220 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	

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:

Pete Hunt

REQUIRE PRESIDENT PBCCHOA 8/30/01 850-492-6162

CR2F037 (5/01)