

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005740

1. Entity Name

ELLIOTT POINT COMMUNITY GROUP, INC.

Principal Place of Business

35 PRYOR RD S E
FT WALTON BEACH FL 32548
US

Mailing Address

35 PRYOR RD SE
FT WALTON BEACH FL 32548
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

59-3422857

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

GUARINO, TOUREY M
35 PRYOR RD SE
FT WALTON BEACH FL 32548

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, 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 | D | <input type="checkbox"/> Delete |
| NAME | GUARINO, TOUREY M | |
| STREET ADDRESS | 35 PRYOR RD SE | |
| CITY-ST-ZIP | FT WALTON BEACH FL 32548 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUSSELL, BOB | |
| STREET ADDRESS | 338 BROOKS ST S E | |
| CITY-ST-ZIP | FT WALTON BEACH FL 32548 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUSSELL, JUNE | |
| STREET ADDRESS | 338 BROOKS ST SE | |
| CITY-ST-ZIP | FT WALTON BEACH FL 32548 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PURCELL, BEATTY | |
| STREET ADDRESS | 204 HOOD AVENUE | |
| CITY-ST-ZIP | FT WALTON BEACH FL 32548 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SNOWBALL, ANGELA | |
| STREET ADDRESS | 349 BROOKS STREET, S.E. | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BAGGETT, JANET M | |
| STREET ADDRESS | 312 BROOKS ST SE | |
| CITY-ST-ZIP | FT WALTON BCH FL 32548 | |

| | |
|----------------|---|
| 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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| 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 of Touray M. Guarino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Mar 01

850 243-5292

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CP2E037 (10/00)