

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 07, 2000 8:00 a
Secretary of State**

02-07-2000 90034 022 ****61.25

DOCUMENT # N97000002171

1. Entity Name

INLET BEACH COMMUNITY COUNCIL, INC.

Principal Place of Business

Mailing Address

**35 DARYL CT.
PANAMA CITY FL 32413**

**35 DARYL CT.
PANAMA CITY FL 32413-9137**

B0013829

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3442385

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONS, VALERIE
35 DARYL CT.
PANAMA CITY 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, 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 Delete
NAME **D**
STREET ADDRESS **SIMMONS, VALERIE CH.**
CITY-ST-ZIP **35 DARYL CT.
PANAMA CITY FL 32413**

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **MILLER, DEANIE**
CITY-ST-ZIP **313 N. ORANGEST
PANAMA CITY BEACH FL 32413**

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD**
STREET ADDRESS **KININGHAM, TOM**
CITY-ST-ZIP **156 S WALTON LAKESHORE DR
PANAMA CITY BEACH FL 32413**

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD**
STREET ADDRESS **CHAMBERS, DON**
CITY-ST-ZIP **190 WALTON PALM RD
PANAMA CITY BEACH FL 32413**

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **ECHOLS, W.C.**
CITY-ST-ZIP **49 N. WALTON LAKESHORE DR.
PANAMA CITY BEACH FL 32413**

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change
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)(l), 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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valerie Simmons* - Valerie Simmons - 1/28/00 5:23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #