

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003557

1. Entity Name

SUNSET BAYOU HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

428 SW CAROLINA STREET
MILTON FL 32570

Mailing Address

428 SW CAROLINA STREET
MILTON FL 32570

2. Principal Place of Business

6512 HIGHWAY 90

3. Mailing Address

P O BOX 3654

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON, FL.

City & State

MILTON, FL.

Zip

Country

SANTA ROSA

Zip

Country

SANTA ROSA

4. FEI Number

59-3593061

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

OTIS, BEN C
428 SW CAROLINA STREET
MILTON FL 32570

Name

OTIS, BEN C.

Street Address (P.O. Box Number is Not Acceptable)

6512 HIGHWAY 90

City

MILTON

FL

Zip Code
32570

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OTIS, BEN C
P.O. BOX 3654 N/A
MILTON FL 32572 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUGHES, A. ANTHONY
P.O. BOX 3654 N/A
MILTON FL 32572 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADAMS, DENNIS
3658 HIGHWAY 90
PACE FL 32571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

BEN C. OTIS, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

(850) 623-2822

Daytime Phone #

C0012818



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)