

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004413

1. Entity Name

DEER LAKE DUNES OWNERS ASSOCIATION, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90021 001 ****61.25

Principal Place of Business

Mailing Address

PHYLLIS PHILLIPS
 4514 EAST COUNTRY HWY 30-A
 SANTA ROSA BEACH FL 32459

PHYLLIS PHILLIPS
 4514 EAST COUNTRY HWY 30-A
 SANTA ROSA BEACH FL 32459

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

APPLIED FOR

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

STEINER, JAMES R JR
 506 HIGHWAY 98 EAST
 DESTIN FL 32541

Name

Phyllis Phillips

Street Address (P.O. E

4514 East County Hwy 30A

Santa Rosa Beach FL 32459

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 or director as 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 ☐ Delete
 NAME STEINER, JAMES R
 STREET ADDRESS 506 HIGHWAY 98 EAST
 CITY-ST-ZIP DESTIN FL 32541

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

TITLE D ☐ Delete
 NAME ABBOTT, STEPHEN J
 STREET ADDRESS 506 HIGHWAY 98 EAST
 CITY-ST-ZIP DESTIN FL 32541

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

TITLE D ☐ Delete
 NAME SIKES, GRIFFIN JR
 STREET ADDRESS 644 S PERRY ST
 CITY-ST-ZIP MONTGOMERY AL 36104

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)