

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000314

1. Entity Name

SUBMERGED LAND AND BEACHES CONSERVATION ORGANIZA

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90015 049 ****61.25

Principal Place of Business

Mailing Address

3917 MOLINA RD
PANAMA CITY FL 32405

3917 MOLINA RD
PANAMA CITY FL 32405-3295

2. Principal Place of Business

3. Mailing Address

3917 MOLINA RD

3917 MOLINA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32405

Country

FLA

Zip

32405

Country

FLA

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

MILBY, RUDOLPH
3917 MOLINA RD
PANAMA CITY FL 32405

Name

Rudolph Milby

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

3917 MOLINA RD

City

PANAMA CITY

FL

Zip Code

32405

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

Rudolph Milby

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/2000

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 PD
NAME HIGGINS, TERRY
STREET ADDRESS 8505 CAMBORN WAY
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE P.D.
NAME Rudolph Milby ☒ Change ☐ Addition
STREET ADDRESS 3917 MOLINA RD
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE XT
NAME BURKAYLOX, JOHN
STREET ADDRESS PO BOX 27633
CITY-ST-ZIP PANAMA CITY FL 32411 ☐ Delete

TITLE J.P.
NAME John Burkaylox ☐ Change ☐ Addition
STREET ADDRESS P.O. Box 27633
CITY-ST-ZIP PANAMA CITY FL 32411 (T)

TITLE ST
NAME MILTSY, RUDOLPH
STREET ADDRESS 3917 MOLINA RD
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

TITLE S.E.
NAME S.E. ANSTON ☒ Change ☐ Addition
STREET ADDRESS ROUTE 1, BOX 709
CITY-ST-ZIP SLOCOMB AL 36375 (T)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Rudolph Milby 4/15/00 850-784-6686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)