

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90014-006-\$61.25-\$61.25

DOCUMENT # N98000001632

1. Entity Name

CHOCTAWHATCHEE DUGOUT CLUB, INC.

FILED

00 OCT 20 PM 4:54

SECRETARY OF STATE
TALAMON, J. L. FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

110 N.W. RACETRACK RD
FORT WALTON BEACH FL 32547

Mailing Address

714 MARY AVE
FT WALTON BEACH FL 32547

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

906 Avalon Lane

Suite, Apt. #, etc.

City & State

Shalimar, FL

Zip

32579

Country

Okaloosa

4. FEI Number

59-3504942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, DENNIS
714 MARY AVE
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

K. Wayne Walker

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

906 Avalon Lane

City

Shalimar

FL

Zip Code

32579

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

K. Wayne Walker

K. Wayne Walker

9-8-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	P	☐ Delete
NAME	TARTARILLA, PAUL	
STREET ADDRESS	43 N.W. CHELSEA DR	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	S	☒ Delete
NAME	CHAPMAN, DEBRA	
STREET ADDRESS	714 MARY AVE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	T	☐ Delete
NAME	WALKER, WAYNE	
STREET ADDRESS	906 AVALON LN	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	V	☒ Delete
NAME	GOODHART, ERNIE	
STREET ADDRESS	27 JAMES RD	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	☒ Delete
NAME	GIBSON, LEE	
STREET ADDRESS	611 CAMBORNE AVE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	D	☒ Delete
NAME	ZBYDNIOWSKI, BRIAN	
STREET ADDRESS	9 N.E. STAMFORD	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	

TITLE	President	☒ Change ☐ Addition
NAME	Steele, Mike	
STREET ADDRESS	227 Revere Drive	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	Secretary	☒ Change ☐ Addition
NAME	Steele, Kim	
STREET ADDRESS	227 Revere Drive	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D. Watson, John	☒ Change ☐ Addition
NAME	2800 Jerry Pate Ct	
STREET ADDRESS	Shalimar, FL 32579	
CITY-ST-ZIP		
TITLE	D Scott, Robert	☒ Change ☐ Addition
NAME	714 Rodney Ave. NE	
STREET ADDRESS	Fort Walton Beach, FL 32547	
CITY-ST-ZIP		
TITLE	D. Chilcott, Roger	☒ Change ☐ Addition
NAME	44 Marlborough Road	
STREET ADDRESS	Shalimar, FL 32579	
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)(f), 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 information empowered.

SIGNATURE

K. Wayne Walker

K. Wayne Walker

9-8-00

850-651-8554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)