

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000004770**

1. Entity Name

**PERDIDO BAY COUNTRY CLUB ESTATES, UNIT VII, INC.****FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90809 008 \*\*\*\*61.25

0007949

Principal Place of Business

P.O. BOX 34274  
PENSACOLA FL 32507

Mailing Address

P.O. BOX 34274  
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

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 <b>59-3533048</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent****HAWKINS, WAYMON**  
**12681 PRIMERO COURT**  
**PENSACOLA FL 32507****7. Name and Address of New Registered Agent**Name Sue H. Baker  
Street Address (P.O. Box Number is Not Acceptable)  
12700 Primero Ct.  
City Pensacola FL Zip Code 32507

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 Sue H. Baker Sue H. Baker President Jun 25, 2002  
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	<b>PD</b> <b>HAWKINS, WAYMON</b> <b>12681 PRIMERO CT</b> <b>PENSACOLA FL 32507</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Sue H. Baker</b> <b>12700 Primero Ct.</b> <b>Pensacola, FL 32507</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MCMILLION, LESLEY Linsley</b> <b>12691 MOLALE DR</b> <b>PENSACOLA FL 32507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BAKER, SUE</b> <b>12700 PRIMERO CT</b> <b>PENSACOLA FL 32507</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Karen Eason</b> <b>12465 Red Cloud Rd</b> <b>Pensacola, FL 32507</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>AGBAGALA, VIRGINIA</b> <b>12700 BAHIA CT</b> <b>PENSACOLA FL 32507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Steve Bohannon</b> <b>4716 Condado Cr.</b> <b>Pensacola, FL 32507</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Tom Sturges</b> <b>12681 Molale Dr</b> <b>Pensacola, FL 32507</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Sue H. Baker Sue H. Baker President Jun 25, 2002 850  
Signature, typed or printed name of signing officer or director. 492-6839

CR2E037 (9/01)