

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000005409**

1. Entity Name

**THE GROVES OF PANAMA CITY BEACH OWNERS ASSOCIATI**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90353 022 \*\*\*\*\*61.25

0016075

Principal Place of Business

**4123 NANCE DRIVE  
PANAMA CITY BEACH FL 32408**

Mailing Address

**4123 NANCE DRIVE  
PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

**4123 Nance Drive**

3. Mailing Address

**4123 Nance Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Panama City Beach FL**

City & State

**Panama City Beach FL**

4. FEI Number

**94-3362089  
APPLIED FOR**

Applied For

Not Applicable

Zip

**32408**

Country

**USA**

Zip

**32408**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**APPLEBAUM, STEVEN L  
9108 FRONT BEACH RD.  
PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent

Name

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

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 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

TITLE **PD** ☐ Delete  
NAME **ADAMS, ROBERT**  
STREET ADDRESS **4123 NANCE DRIVE**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **STD** ☐ Delete  
NAME **ADAMS, TERRY**  
STREET ADDRESS **4123 NANCE DRIVE**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **VPD** ☐ Delete  
NAME **MILLER, GREGG**  
STREET ADDRESS **4123 NANCE DRIVE**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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:

**Terry Adams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-01**  
Date

**850-249-5559**  
Daytime Phone #

CR2E037 (10/00)