

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90137 004 \*\*\*\*61.25

**DOCUMENT # N99000000644**

1. Entity Name

**UPTOWN GRAYTON OWNERS ASSOCIATION, INC.**

Principal Place of Business

80 E COUNTY HWY C30A  
 SANTA ROSA BEACH FL 32459

Mailing Address

80 E COUNTY HWY C30A  
 SANTA ROSA BEACH FL 32459

2. Principal Place of Business

**29 UPTOWN GRAYTON Cir**  
 Suite, Apt. #, etc.

3. Mailing Address

**29 UPTOWN GRAYTON Cir**  
 Suite, Apt. #, etc.

City & State

**GRAYTON BEACH FL**

City & State

**GRAYTON BEACH, FL**

4. FEI Number

**28-0346742**

Applied For

Not Applicable

Zip

**32459**

Country

Zip

**32459**

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DERCK, ANTHONY**  
 80 E COUNTY HWY C30A  
 SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name **DERCK, ANTHONY**

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

**29 UPTOWN GRAYTON CIRCLE**

City

**GRAYTON BEACH**

FL

Zip Code

**32459**

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

*Anthony Derck*

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

(NOTE: Registered Agent signature required when reinstating)

**01/12/01**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DERCK, ANTHONY 80 E COUNTY HWY C30A SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERCK, MARY 80 E HIGHWAY 30-A SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESAK, CHRISTOPHER 51 UPTOWN GRAYTON CIRCLE GRAYTON BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input 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:

*Anthony Derck*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/12/01**  
 DATE

Daytime Phone #

CR2E037 (10/00)