

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90114 005 \*\*\*\*61.25

**DOCUMENT # N99000000644**

1. Entity Name

**UPTOWN GRAYTON OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**29 UPTOWN GRAYTON CIR  
GRAYTON BEACH FL 32459**

**29 UPTOWN GRAYTON CIR  
GRAYTON BEACH FL 32459**

2. Principal Place of Business

**50 Uptown Grayton Circle**

3. Mailing Address

**50 Uptown Grayton Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Grayton Beach, Fl. 32459**

City & State

**Grayton Beach, Fl. 32459**

Zip  
**32459**

Country  
**USA**

Zip  
**32459**

Country  
**USA**

4. FEI Number

**28-0346742**

Applied For

Not Applicable

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

**DERCK, ANTHONY  
29 UPTOWN GRAYTON CIRCLE  
GRAYTON BEACH FL 32459**

Name

**Derck, Anthony**

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

**50 Uptown Grayton Circle**

City

**Grayton Beach, Fl.**

**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)

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 **PD** ☐ Delete  
NAME **DERCK, ANTHONY**  
STREET ADDRESS **80 E COUNTY HWY C30A**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **PD** ☐ Change ☐ Addition  
NAME **Derck, Anthony**  
STREET ADDRESS **50 Uptown Grayton Circle**  
CITY-ST-ZIP **Grayton Beach, Fl. 32459**

TITLE **D** ☐ Delete  
NAME **DERCK, MARY**  
STREET ADDRESS **80 E HIGHWAY 30-A**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **D** ☐ Change ☐ Addition  
NAME **Derck, Mary**  
STREET ADDRESS **50 Uptown Grayton Circle**  
CITY-ST-ZIP **Grayton Beach, Fl. 32459**

TITLE **D** ☐ Delete  
NAME **LESAC, CHRISTOPHER**  
STREET ADDRESS **51 UPTOWN GRAYTON CIRCLE**  
CITY-ST-ZIP **GRAYTON BEACH FL 32459**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

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

*4/22/02*  
Date

*850-231-9166*  
Daytime Phone #

CR2E037 (9/01)