

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/1  
7/1

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90078 047 \*\*\*\*61.25

**DOCUMENT # N99000002457**

1. Entity Name

**MONTE PALO CORP.**

Principal Place of Business

250 ESCANABA AVE.  
PANAMA CITY BEACH FL 32413

Mailing Address

250 ESCANABA AVE.  
PANAMA CITY BEACH FL 32413

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

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

**MCLAUGHLIN, CHRISTINE L**  
**250 ESCANABA AVE.**  
**PANAMA CITY BEACH FL 32413**

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

(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          | <b>President</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>Christine McLaughlin</b>      |                                 |
| STREET ADDRESS | <b>250 Escanaba Ave</b>          |                                 |
| CITY-ST-ZIP    | <b>Panama City Bch, FL 32413</b> |                                 |
| TITLE          | <b>Vice President</b>            | <input type="checkbox"/> Delete |
| NAME           | <b>Carl E. Allen</b>             |                                 |
| STREET ADDRESS | <b>7933 McElvey Rd.</b>          |                                 |
| CITY-ST-ZIP    | <b>Panama City Bch, FL 32408</b> |                                 |
| TITLE          | <b>Mr. Richard Bryan</b>         | <input type="checkbox"/> Delete |
| NAME           | <b>102 Monte Palo</b>            |                                 |
| STREET ADDRESS | <b>Panama City Bch, FL 32413</b> |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE: **X SIGNATURE REQUIRED**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

**7-7-00 950-2346361**

CR2507 (500)