

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007467

1. Entity Name

FORGOTTEN COAST BUILDERS ASSOCIATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90023 040 ****61.25

Principal Place of Business

Mailing Address

7839 HIGHWAY C-30
PORT ST. JOE FL 32456

7839 HIGHWAY C-30
PORT ST. JOE FL 32456

2. Principal Place of Business

59 AVENUE C

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1047

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apalachicola, FL

Zip

Country

32320

City & State

Apalachicola, FL

Zip

Country

32329

USA

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

PETERSON, ROBERT
7839 HIGHWAY C-30
PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

Name

William G Barnes

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

59 AVENUE C

City

Apalachicola, FL 32320

Zip Code

32320

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

William G Barnes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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	President	<input checked="" type="checkbox"/> Delete
NAME	Robert Peterson	
STREET ADDRESS	2839 Hwy C-30	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	Vice President	<input checked="" 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL HOFFMAN	
STREET ADDRESS	564 E. Bayshore Dr.	
CITY-ST-ZIP	St. George, IS, FL	
TITLE	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Barnes	
STREET ADDRESS	59 AVE C	
CITY-ST-ZIP	Apalachicola, FL 32320	
TITLE	Treas/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Ekins	
STREET ADDRESS	130 Gulf Pine Dr.	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	Sec/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE M. BURKE	
STREET ADDRESS	1747 E. Gulf Beach Drive	
CITY-ST-ZIP	St. George Island, FL 32328	
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 empowered.

SIGNATURE:

Robert Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 850-653-9116

CR2E037 (9/99)