

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003098

1. Entity Name

HEMINGWAY'S OF SANTA ROSA BEACH, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90094 037 \*\*\*150.00

Principal Place of Business

Mailing Address

4305 LEGEND PLACE  
PANAMA CITY BEACH FL 32411

P.O. BOX 28416  
PANAMA CITY BEACH FL 32411

2. Principal Place of Business

8442 E. County Hwy 30A

3. Mailing Address

8442 E. County Hwy 30A

Suite, Apt. #, etc.

UNIT 3

Suite, Apt. #, etc.

UNIT 3

City & State

SEACREST BEACH, FL

City & State

SEACREST BEACH, FL

Zip

32413

Country

USA

Zip

32413

Country

USA

4. FEI Number

59-3623120

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

COSTELLO, ROXANNE M

~~4305 LEGEND PLACE~~

PANAMA CITY BEACH FL 32411

Name

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

8442 E. County Hwy 30A

UNIT 3

City

SEACREST BEACH

FL

Zip Code

32413

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

*Roxanne M. Costello*

Roxanne M. Costello, President

01/09/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME COSTELLO, ROXANNE M  
STREET ADDRESS 4305 LEGEND PLACE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32411

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME COSTELLO, Roxanne M  
STREET ADDRESS 8442 E. County Hwy 30A, UNIT 3  
CITY-ST-ZIP SEACREST BEACH, FLORIDA 32413

TITLE D ☐ Delete  
NAME DELONG, BARRY S  
STREET ADDRESS 4305 LEGEND PLACE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32411

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME ~~BARRY~~ DeLong, BARRY S.  
STREET ADDRESS 8442 E. County Hwy 30A, UNIT 3  
CITY-ST-ZIP SEACREST BEACH, FLORIDA 32413

TITLE D ☒ Delete  
NAME MANCUSO, TRACY L  
STREET ADDRESS 7813 N. LAGOON DR., UNIT 1-C  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

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

TITLE D ☒ Delete  
NAME KELLEY, JOHN S  
STREET ADDRESS 7813 N. LAGOON DR., UNIT 1-C  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Roxanne M. Costello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/01 (850) 231-9405  
Date Daytime Phone #

CR2E034 (10/00)

0035156