

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91592 009 ***558.75

DOCUMENT # **P01000049873** MAY 28 2002

1. Entity Name
EAST BAY DEVELOPMENT OF FRANKLIN COUNTY, INC.

Principal Place of Business Mailing Address
415 SAWYER ST **415 SAWYER ST**
ST GEORGE ISLAND FL 32328 **ST GEORGE ISLAND FL 32328**

362193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
83 B Highway 98 **83 B Highway 98**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Eastpoint, FL **Eastpoint, FL**
 Zip Country Zip Country
32328 **Franklin** **32328** **Franklin**

4. FEI Number Applied For
39-3735136 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SHIRLEY, SCOTT
820 E PARK AVE
SUITE F-200
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **Daniel W. Hartman**
 Street Address (P.O. Box Number is Not Acceptable) **610 Ard, Shirley & Hartman, P.A.**
820 E. Park Avenue, F200
 City **Tallahassee** FL Zip Code **32301**

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 *Daniel W. Hartman* DATE **5-28-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: *Jamie D. Crum* DATE **5-28-02** 850-899-8758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)