

2002 UNIFORM BUSINESS REPORT (UBR)

0048951 AV

DOCUMENT # P01000081371

1. Entity Name
SEACREST BEACH REALTY, INC.

FILED

02 APR 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 10140 EAST COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413
Mailing Address: 10140 EAST COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413

2. Principal Place of Business: 67 SEACREST BEACH BLVD. EAST
3. Mailing Address: 5399 E. COUNTY HWY 30A
Suite, Apt. #, etc. BOX 190

City & State: PANAMA CITY BEACH, FL
City & State: SEAGROVE BEACH, FL

Zip: 32413 Country: WALTON
Zip: 32459 Country: WALTON

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
WEST, H. CLARK
10140 EAST COUNTY HIGHWAY 30-A
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent
Name: PETER J. BARTON
Street Address (P.O. Box Number is Not Acceptable): 5399 E. COUNTY HWY 30-A, BOX 190
City: SEAGROVE BEACH 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: *P. J. Barton*
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, 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	
TITLE: D NAME: WEST, H. CLARK STREET ADDRESS: 3000 BAY VILLAS DRIVE CITY-ST-ZIP: DESTIN FL 32550	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: MITCHELL, G. ELLIOTT STREET ADDRESS: 3000 BAY VILLAS DRIVE CITY-ST-ZIP: DESTIN FL 32550	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P, V, S, T NAME: PETER J. BARTON STREET ADDRESS: 5399 E. COUNTY HWY 30-A, BOX 190 CITY-ST-ZIP: SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PETER J. BARTON, PRESIDENT
APRIL 25, 02 850-231-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)