

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015098

1. Entity Name

THE TOWNHOUSES RESORT MANAGEMENT COMPANY

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90169 040 ***150.00

Principal Place of Business

Mailing Address

3960 A1A SOUTH
SUITE B
ST. AUGUSTINE FL 32084

3960 A1A SOUTH
SUITE B
ST. AUGUSTINE FL 32084-6972

635111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 Ocean Trace Rd.

3. Mailing Address

10 Ocean Trace Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine FL

City & State

St. Augustine, FL

4. FEI Number

59-3208302

Applied For

Not Applicable

Zip

Country

32084

US

Zip

Country

32084

US

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

ALLIGOOD, GARY L
3960 A1A SOUTH
SUITE B
ST. AUGUSTINE FL 32084

Name

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

10 Ocean Trace Rd.

City

St. Augustine

FL

Zip Code

32084

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

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS ALLIGOOD, GARY L
CITY-ST-ZIP 3960 A1A SOUTH SUITE B
ST. AUGUSTINE FL 32084

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10 Ocean Trace Rd.
CITY-ST-ZIP St. Augustine, FL 32084

TITLE ☐ Delete
NAME D
STREET ADDRESS ALLIGOOD, JUDY S.
CITY-ST-ZIP 3960 A1A SOUTH, SUITE B
ST. AUGUSTINE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10 Ocean Trace Rd.
CITY-ST-ZIP St. Augustine, FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Judy S. Allgood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)