

2001 UNIFORM BUSINESS REPORT-(UBR)**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90005 042 ***150.00

DOCUMENT # P94000032160

1. Entity Name

CBD OF NW FL, INC.

Principal Place of Business
350000 EMERALD COAST PKWY
DESTIN FL 32541
US

Mailing Address

P. O. BOX 30
DESTIN FL 32540
US

00005459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3239195	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEYMOUR, EDWARD H 35000 EMERALD COAST PARKWAY DESTIN FL 32541		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	ABBOTT, WILLIAM W.	NAME	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	ABBOTT, STEPHEN J	NAME	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	SEYMOUR, EDWARD H	NAME	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	STEINER, JAMES R. JR	NAME	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	OLIN, JAMES S.	NAME	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

003496

CR2E034 (10/00)