

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000047187**

1. Entity Name

HIGH POINT BEACH, INC.

Principal Place of Business

**119 EUCLID AVE
BIRMINGHAM AL 35213
US**

Mailing Address

**119 EUCLID AVE
BIRMINGHAM AL 35213
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3263339

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURKE, LES W
BURK & BLUE PA
221 MCKENZIE AVE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BURNHAM, WESLEY L	119 EUCLID AVE	BIRMINGHAM AL 35213	<input type="checkbox"/>
D	O'SULLIVAN, I. L. JR	P O BOX 101329 N/A	BIRMINGHAM AL 35210	<input type="checkbox"/>
D	NALL, J WALLACE JR	119 EUCLID AVE	PENSACOLA FL 35213	<input type="checkbox"/>
D	KENNEDY, CARTER S	3125 MONTGOMERY HWY SUITE 116	BIRMINGHAM AL 35209	<input type="checkbox"/>
D	NALL, J WALLACE III	119 EUCLID AVE	PENSACOLA FL 35213	<input type="checkbox"/>
D	WHATLEY, KATHERINE NALL	119 EUCLID AVE	BIRMINGHAM AL 35213	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

4-3-01 (205) 879-7720

DO NOT WRITE IN THIS SPACE

0565076

CR2E034 (10/00)