

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013269

1. Entity Name

SOUTHERN SHORES PROPERTIES, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90104 018 ***150.00

Principal Place of Business

Mailing Address

5365 E. CO. HWY 30A
SANTA ROSA BEACH FL 32459

PO BOX 2324
SANTAROSA BEACH FL 32459-2324
US

2. Principal Place of Business

3. Mailing Address

5365 E. Co. Hwy 30A

Suite, Apt. #, etc.

Suite 101

City & State

Santa Rosa Beach, FL

Zip

32459

Country

Walton

City & State

Zip

Country

4. FEI Number

59-3307010

Applied For

Not Applicable

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

MITCHELL, GEORGE E
3152 CLUB DR.
DESTIN FL 32541

Name

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

8713 Anchorage Dr.

City

Destin

FL

Zip Code

32541

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 MITCHELL, GEORGE E
CITY-ST-ZIP 354 BEACHSIDE DR.
CARILLON BEACH FL 32413

TITLE ☒ Change ☐ Addition
NAME 8713 Anchorage Dr.
STREET ADDRESS Destin, FL, 32541
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS WEST, HERBERT C
CITY-ST-ZIP 354 BEACHSIDE DR.
CARILLON BEACH FL

TITLE ☒ Change ☐ Addition
NAME 8713 Anchorage Dr.
STREET ADDRESS Destin, FL, 32541
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: George E Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 850-231-0691
Date Daytime Phone #

CR2E034 (9/99)