

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087723

1. Entity Name

GRAND STRAND REALTY OF PENSACOLA, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90064 024 ***158.75

Principal Place of Business

7575 HWY 98 WEST
PENSACOLA FL 32506
US

Mailing Address

7575 HWY 98 WEST
PENSACOLA FL 32506-5939
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3348117**

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, LINDA D
7555 HWY 98 WEST
SUITE B
PENSACOLA FL 32506

Name

MITCHELL, LINDA D

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

7575 HWY 98 WEST

City

PENSACOLA

FL

Zip Code 32506

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, MARSHALL L	
STREET ADDRESS	2039 POWERS FERRY RD APT 1	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	V	<input type="checkbox"/> Delete
NAME	MITCHELL, JASON W	
STREET ADDRESS	4582-J VALLEY PARKWAY	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MITCHELL, LINDA D	
STREET ADDRESS	821 ALYSHEBA LN	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, KRISTEN DIAL	
STREET ADDRESS	2039 POWERS FERRY ROAD, APT 1	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, MARSHALL L	
STREET ADDRESS	4030 RHYNE CIRCLE	
CITY-ST-ZIP	SMYRNA, GA. 30082	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JASON W	
STREET ADDRESS	178 SETTEN DOWN TRAIL	
CITY-ST-ZIP	MABLETON, GA. 30126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, KRISTEN DIAL	
STREET ADDRESS	4030 RHYNE CIRCLE	
CITY-ST-ZIP	SMYRNA, GA. 30082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)