## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Jan 25, 2001 8:00 am DOCUMENT # P96000071517 **Secretary of State** 1. Entity Name ANCHORS REALTY OF SOUTH WALTON, INC. 01-25-2001 90171 001 \*\*\*317.50 Principal Place of Business Mailing Address 970 GULFSHORE DR 970 GULFSHORE DR DESTIN FL 32541 DESTIN FL 32541 4010J diministration. 2. Principal Place of Business -3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State. 4. FEI Number 58-2422083 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANCHORS, LARRY Street Address (P.O. Box Number is Not Acceptable) 970 GULFSHORE DR DESTIN FL 32541 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete Addition TITLE TITLE Change GRIFFIN HOWARD-M NAME NAME BUTTERST-STREET ADDRESS STREET ADDRESS DESTINATION 13544 CITY-ST-ZIP CITY-ST-7iP Change ☐ Addition TITLE ☐ Delete TITLE ANCHRS, LARRY Y NAME NAME 970 GULFSHORE DR STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empoyered 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 a pecificress, with afforther like empowered.