

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074783

1. Entity Name

PALMETTO GROUP, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90376 010 ***158.75

Principal Place of Business

Mailing Address

4063 BURNING TREE DRIVE
DESTIN FL 32541

4063 BURNING TREE DRIVE
DESTIN FL 32541-4300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

724 Hwy 98 East
Suite, Apt. #, etc.
#201

3. Mailing Address

724 Hwy 98 East
Suite, Apt. #, etc.
#201

City & State
DESTIN FLORIDA

City & State
DESTIN FLORIDA

4. FEI Number 59-3418176

Applied For
Not Applicable

Zip 32541 Country USA

Zip 32541 Country USA

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

GRIMSLEY, JAMES W
25 WALTER MARTIN ROAD, NE
FORT WALTON BEACH FL 32548

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

PAID

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	HENRY, THOMAS B	
STREET ADDRESS	4063 BURNING TREE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HENRY, SUSAN J	
STREET ADDRESS	4063 BURNING TREE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENRY, TODD R	
STREET ADDRESS	1109 BAY COURT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	724 Hwy 98 East #101
CITY-ST-ZIP	Destin, FL 32541
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	724 Hwy 98 East #101
CITY-ST-ZIP	Destin, FL 32541
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4063 Burning Tree Drive
CITY-ST-ZIP	Destin, FL 32541
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	
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 any other like empowered.

SIGNATURE: Thomas B. Henry Jr. THOMAS B. HENRY JR. 4-28-2000 (850) 654-4818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)