

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006302

1. Entity Name

KONA BEACH PROPERTIES, INC.

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

03-09-2000 90090 038 \*\*\*150.00

Principal Place of Business

Mailing Address

10140 E. CO. HWY 30-A  
SANTA ROSA BEACH FL 32459

P O BOX 1637  
SANTA ROSA BEACH FL 32459-1637

040203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10140 E. CO. HWY 30-A

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seacrest Beach, FL.

City & State

4. FEI Number

59-3432027

Applied For

Not Applicable

Zip

32413

Country

Walton

Zip

Country

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, ELLIOTT  
3153 CLUB DR  
DESTIN FL 32541

Name

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

8713 Anchorage Dr.

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

☐ Delete

WEST, CLARK  
P.O. BOX 2324 N/A  
SANTA ROSA BEACH FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

8713 Anchorage Dr.  
Destin, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

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MITCHELL, ELLIOTT  
P.O. BOX 2324 N/A  
SANTA ROSA BEACH FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

8713 Anchorage Dr.  
Destin, FL 32541

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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:

*Elliott Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

850-231-0691

Daytime Phone #

CR20034 (9/00)