

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056694

1. Entity Name

PADDLEWHEEL MANSIONS INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90411 033 \*\*\*150.00

Principal Place of Business

Mailing Address

32 AVENUE D  
 SUITE 201  
 APALACHICOLA FL 32320

PO BOX 756  
 APALACHICOLA FL 32329-0756

2. Principal Place of Business

3. Mailing Address

THE MOORINGS

Suite, Apt. #, etc.

HWY. 98

City & State  
 CARRABELLE, FLORIDA

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip  
 32322

Country  
 USA

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

HARRELL, JOHN W  
 32 AVENUE D  
 SUITE 201  
 APALACHICOLA FL 32320

Name

JOHN W. HARRELL

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

THE MOORINGS

HWY. 98

City

CARRABELLE

FL

Zip Code  
 32322

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 **P** ☐ Delete  
 NAME **HARRELL, JOHN W**  
 STREET ADDRESS **32 AVENUE D SUITE 201**  
 CITY-ST-ZIP **APALACHICOLA FL 32320**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **HARRELL, JOHN W.**  
 STREET ADDRESS **THE MOORINGS, HWY 98**  
 CITY-ST-ZIP **CARRABELLE, FL. 32322**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
 NAME **WINSTON HARRELL**  
 STREET ADDRESS **4914 CHURCH HILL PLACE**  
 CITY-ST-ZIP **LAND O LAKES, FL. 34639**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*John W. Harrell*  
 JOHN W. HARRELL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 2000

850-697-8423

Date

Daytime Phone #

CR2E034 (9/99)