

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90025 030 \*\*\*150.00

DOCUMENT # P97000092952

1. Entity Name

SABINE MARINA OF PENSACOLA BEACH, INC.

Principal Place of Business

715 PENSACOLA BEACH BLVD.  
PENSACOLA BEACH FL 32561

Mailing Address

8680 SCENIC HWY., BOX 18  
PENSACOLA FL 32514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. Box 13452

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32591

Country

Escambia

4. FEI Number 59-3477777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JERNIGAN, LEONARD  
715 PENSACOLA BEACH BLVD.  
PENSACOLA BEACH FL 32561

7. Name and Address of New Registered Agent

Name Alan B. Bookman

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

30 S. Spring St.

City Pensacola

FL

Zip Code 32501

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	JERNIGAN, LEONARD	
STREET ADDRESS	8680 SCENIC HWY., BOX 18	
CITY-ST-ZIP	PENSACOLA FL 32514	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard P. Morette	
STREET ADDRESS	1201 N. Tarragona St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	V-P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal B. Nash	
STREET ADDRESS	6565 North "W" St., Suite 260	
CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	V-P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael E. Green	
STREET ADDRESS	6565 North "W" St., Suite 260	
CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	V-P/Sec/Tres/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles L. Nicholson	
STREET ADDRESS	1408 E. Belmont St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	V-P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cody Rawson	
STREET ADDRESS	18 Tristan Way	
CITY-ST-ZIP	Pensacola Beach, FL 32561	
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

Richard P. Morette

Date

4-4-01 (250) 432 4034

Daytime Phone #

CR2E034 (10/00)