

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056346

1. Entity Name

THE SABINE STEAMER OF PENSACOLA BEACH, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90075 032 ***150.00

Principal Place of Business

Mailing Address

715 PENSACOLA BEACH BLVD.
PENSACOLA BEACH FL 32561

715 PENSACOLA BEACH BLVD.
PENSACOLA BEACH FL 32561-2029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3517473

Applied For

Not Applicable

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

MATTHEWS, EDESL F
308 SOUTH JEFFERSON STREET
PENSACOLA FL 32501

Name

John P. Monroe

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

221 Bayou Blvd.

City

PENSACOLA

FL

Zip Code

32503

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

John P. Monroe

(NOTE: Registered Agent signature required when reinstating)

DATE

John Monroe 2/15/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	CRENSHAW, RICHARD C	
STREET ADDRESS	432 YORK STREET	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEORGE, ALBERT R	
STREET ADDRESS	2340 BAYOU BOULEVARD	
CITY-ST-ZIP	PENSACOLA FL 32503	
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		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary L. Horton	
STREET ADDRESS	400 Picken's Ave #186	
CITY-ST-ZIP	PENSACOLA FL 32503	
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		
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

Date

Daytime Phone #

850-932-7474