

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000102206**

1. Entity Name

EVERGREEN HOMES OF NW FLORIDA, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90041 024 ***150.00

Principal Place of Business

Mailing Address

~~225 MAIN ST.~~~~STE # 11~~

DESTIN FL 32541

P.O. BOX 5497

DESTIN FL 32540-5497

805277

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1221 AIRPORT RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE # 207

City & State

City & State

DESTIN FL

4. FEI Number

59-3552681

Applied For

Not Applicable

Zip

Country

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

GRIMSLEY, JAMES W
25 WALTER MARTIN RD. NE
FT. WALTON BCH FL 32548

Name

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

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 State10. 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**P****BONEZZI, ROBERT A**~~225 MAIN ST., SUITE 11~~**DESTIN FL 32541**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ Addition**1221 AIRPORT RD STE 207**
DESTIN FL 32541TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VP****DAVIS, MARVIN E****502 RIDGE LAKE RD.****CRESTVIEW FL 32536**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**ROBERT A. BONEZZI****1.12.2000****850.650.4725**

Date

Daytime Phone #