

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010688

1. Entity Name

SURF HIGH INN MOTEL, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90183 002 ***158.75

Principal Place of Business

415 BECKRICH RD., SUITE 500
PANAMA CITY BEACH FL 32407

Mailing Address

415 BECKRICH RD., SUITE 500
PANAMA CITY BEACH FL 32407-3681

2. Principal Place of Business

3. Mailing Address

P.O. Box 9975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City Beach, FL

Zip

Country

Zip

Country

32417

USA

4. FEI Number

59-355-7762

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BURKE, MICHAEL S
221 MCKENZIE AVE.
PANAMA CITY BEACH FL 32401

7. Name and Address of New Registered Agent

Name

Rebecca L. Oakes

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

434 Magnolia Avenue

Panama City

FL

Zip Code

32401

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

Rebecca L. Oakes, Attorney for Corporation 4/28/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

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

TITLE ☐ Delete
NAME D
STREET ADDRESS OAKES, JASON P
CITY-ST-ZIP 415 BECKRICH RD., SUITE 500
PANAMA CITY BEACH FL 32407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Jason P. Oakes

4/28/00

Date

(850) 769-5532

Daytime Phone #

CR2E034 (9/99)