

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010688

1. Entity Name

SURF HIGH INN MOTEL, INC.

Principal Place of Business

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

Mailing Address

PO BOX 9975  
PANAMA CITY BCH FL 32417

2. Principal Place of Business

415 Beckrich Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 320

City & State  
Panama City Beach, FL

City & State

Zip  
32407

Country  
U.S.A

Zip

Country

4. FEI Number 59-3557762

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

OAKES, REBECCA L  
434 MAGNOLIA AVE  
PANAMA CITY FL 32401

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

*Rebecca L. Oakes*, Attorney for Corporation

Feb. 21, 2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME Oakes, Jason P.  
STREET ADDRESS 415 Beckrich Rd., Suite 320  
CITY-ST-ZIP Panama City Beach, FL 32407

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 another duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason P. Oakes, President and Secretary

Feb. 21, 2001

Date

(850) 769-5532

Daytime Phone #

FILED  
Feb 22, 2001 8:00 am  
Secretary of State

02-22-2001 90132 022 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)