

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**  
 06-09-2000 90018 010 \*\*\*150.00

**DOCUMENT #** Pa9000026510

1. Entity Name  
Beaver Run, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

40001 Emerald Coast Pkwy 40001 Emerald Coast Pkwy  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Destin, FL Destin, FL

Zip Zip Country Country  
32541 32541

4. FEI Number 59-3586026 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

Dana C. Matthews Name  
607 Highway 98 East Street Address (P.O. Box Number is Not Acceptable)  
Destin, FL 32541 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 \_\_\_\_\_ (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 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 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D/P	
NAME	NAME	W. Michael Adkinson	
STREET ADDRESS	STREET ADDRESS	502 Greenway Cove	
CITY-ST-ZIP	CITY-ST-ZIP	Niceville, FL 32578	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP/T	
NAME	NAME	Wayne Adkinson	
STREET ADDRESS	STREET ADDRESS	29874 U.S. Hwy 331 South	
CITY-ST-ZIP	CITY-ST-ZIP	Freeport, FL 32439	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP/S	
NAME	NAME	Chad Adkinson	
STREET ADDRESS	STREET ADDRESS	334-B Calhoun Avenue	
CITY-ST-ZIP	CITY-ST-ZIP	Destin, FL 32541	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	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)(f), 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:** W. Michael Adkinson 4/20/00 850/654 7211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)