

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039415

1. Entity Name

THE OAKS BY THE BAY DEVELOPMENT COMPANY, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90440 039 ***150.00

Principal Place of Business

92 CHANTECLAIRE CIRCLE
GULF BREEZE FL 32561

Mailing Address

92 CHANTECLAIRE CIRCLE
GULF BREEZE FL 32561

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3573518

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

MOORHEAD, STEPHEN R
4300 BAYOU BLVD., STE. 12 & 13
PENSACOLA FL 32503

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, 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	D	<input type="checkbox"/> Delete
NAME	GRAY, ED III	
STREET ADDRESS	92 CHANTECLAIRE CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	John S. Carr	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John S. Carr	
STREET ADDRESS	17 W. Cedar St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarah S. Gray	
STREET ADDRESS	16 Highpoint Dr.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodney Rich	
STREET ADDRESS	1 Beach Dr.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric J. Nickelsen	
STREET ADDRESS	17 W. Cedar St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evelyn B. Neal	
STREET ADDRESS	700 Ft. Pickens Rd.	
CITY-ST-ZIP	Pensacola Beach, FL 32561	

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: *Ed Gray* Ed Gray III

3/6/01 850-932-6287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)