

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

UBR03 / 13
AY

DOCUMENT # P99000039415
1. Entity Name
THE OAKS BY THE BAY DEVELOPMENT COMPANY, INC.



03-12-2003 90357 002 ****88.75
03-12-2003 90357 001 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3573518

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRAY, ED III	
STREET ADDRESS	92 CHANTECLAIRE CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CARR, JOHN S	
STREET ADDRESS	17 W CEDAR ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, SARAH S	
STREET ADDRESS	16 HIGHPOINT DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, RODNEY	
STREET ADDRESS	1 BEACH DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICKELSEN, ERIC J	
STREET ADDRESS	17 W CEDAR ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEAL, EVELYN B	
STREET ADDRESS	100 FT PICKENS RD	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARIT, Evelyn	
STREET ADDRESS	807 Bay Cliffs Rd.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ed Gray III **SIGNATURE REQUIRED** President 3/9/03 850-934-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)