

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90363 022 ***150.00

DOCUMENT # P99000056185

1. Entity Name
BIRCH GLADE DEVELOPMENT COMPANY

Principal Place of Business

**600 SCENIC HWY., STE. 223
PENSACOLA FL 32503-6731**

Mailing Address

**600 SCENIC HWY., STE. 223
PENSACOLA FL 32503-6731**

2. Principal Place of Business

16 Port Royal Way
Suite, Apt. #, etc.

3. Mailing Address

16 Port Royal Way
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

USA

Zip

32501

Country

USA

4. FEI Number **59-3581522**

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

**HOVANESIAN, ARCHIBALD JR ESQ
600 SCENIC HWY., STE. 223
PENSACOLA FL 32503-6731**

Name **HOVANESIAN, ARCHIBALD, JR ESQ**

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

16 Port Royal Way

City **Pensacola,**

FL

Zip Code **32501**

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	P	<input type="checkbox"/> Delete
NAME	BUNTON, ARTHUR	
STREET ADDRESS	3500 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	GCS ARCHIBALD	<input type="checkbox"/> Delete
NAME	HOVANESIAN, ARCHIBALD JR	
STREET ADDRESS	600 SCENIC HWY STE 223	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVANESIAN, ARCHIBALD JR	
STREET ADDRESS	16 PORT ROYAL WAY	
CITY-ST-ZIP	PENSACOLA, FL 32501	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ARCHIBALD HOVANESIAN, JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 850-436-4461

Date

Daytime Phone #

CR2E034 (10/00)