

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57398

1. Entity Name

WALTON COUNTY SHRINE CLUB HOLDING COMPANY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90129 032 ***150.00

Principal Place of Business

Mailing Address

WALTON CO. SHRINE CLUB HOLDING CO., INC
 47 DR ROBERTO DR
 DEFUNIAK SPRINGS FL 32433
 US

36 S. 9TH ST.
 DEFUNIAK SPRINGS FL 32433-1731

2. Principal Place of Business

3. Mailing Address

WALTON CO. SHRINE CLUB HOLDING CO., INC 165 TOM MARTIN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

47 DR ROBERTS DR

City & State

City & State

DEFUNIAK SPRINGS FL

DEFUNIAK SPRINGS FL

Zip

Country

Zip

Country

32433

WALTON

32433

WALTON

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, JAMES E
 102 BAYSHORE DRIVE
 NICEVILLE FL 32578

Name

DAVID R. JOHNSON CPA

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

501 W. NELSON AVE

DEFUNIAK SPRINGS

City

DEFUNIAK SPRINGS

FL

Zip Code

32433

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

David R. Johnson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-00

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 PD ☒ Delete
 NAME HALL, JOE
 STREET ADDRESS 441 HIDDEN LAKE TRAIL
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE P/D ☐ Change ☒ Addition
 NAME BAKER, JOSEPH
 STREET ADDRESS 4599 STATE HWY 83
 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE VPD ☒ Delete
 NAME DAVIS, DARRYL
 STREET ADDRESS 1778 SPRING LAKE RD
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE VP/D ☐ Change ☒ Addition
 NAME SMITH, ROBERT R.
 STREET ADDRESS 585 COUNTRY CLUB DR
 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE D ☐ Delete
 NAME BELL, WILLIAM J.
 STREET ADDRESS 372 BELL RD.
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE T/D ☐ Change ☒ Addition
 NAME MARTIN, THOMAS E.
 STREET ADDRESS 165 TOM MARTIN RD.
 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE SD ☒ Delete
 NAME MOORE, JAMES E
 STREET ADDRESS BOX 746
 CITY-ST-ZIP NICEVILLE FL

TITLE S/D ☐ Change ☒ Addition
 NAME BARSTEN, JOHN
 STREET ADDRESS 6281 LAKE ELLA ROAD
 CITY-ST-ZIP CRESTVIEW FL. 32539

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
 NAME INGRAM, BOB K
 STREET ADDRESS PO Box 1017
 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

THOMAS E. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

Daytime Phone #

CR2E034 (9/99)