

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90072 026 ****61.25

DOCUMENT # 770845

1. Entity Name

SAND CASTLE VILLAS OF PANAMA CITY BEACH OWNERS A

Principal Place of Business

Mailing Address

501 W. 19TH STREET
 P.O. BOX 1100
 PANAMA CITY FL 32402-8100

501 W. 19TH STREET
 P.O. BOX 1100
 PANAMA CITY FL 32402-1100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2774254

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARNER, JIM
501 W 19 ST.
PANAMA CITY FL 32405

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BREWBAKER, BRENT	
STREET ADDRESS	1300 EXECUTIVE CENTER, #110	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GARNER, JIM	
STREET ADDRESS	P O BOX 1100 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JACK L. POTINGER, JR.	
STREET ADDRESS	RT 4 BOX 471-C	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEAY, PAUL	
STREET ADDRESS	5655 THE TWELFTH FAIRWAY	
CITY-ST-ZIP	SWANEE GA 30024	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jim Garner
JIM GARNER

3/7/00

CR2E037 (9/99)