2000 UNIFORM BUS	SINESS REPOR	RT (UBR)	T. T.	LDD
DOCUMENT # 605246 1. Entity Name			FILED Jun 13, 2000 8:00 am	
BAHAMA FAMILY ISLAND PROMO	TION BOARD, INC. 4		Secreta	ry of State
Principal Place of Business	Mailing Address			5010 055 550.00
1100 LEE WAGENER BLVD #206 FT LAUDERDALE FL 33315 US	1100 LEE WAGENER BLVD # FT LAUDERDALE FL 33315-35 US			
2. Principal Place of Business 19495 Biscaque Blad 19495 Biscayue Blad				
Suite, Apt. #, etc.	Suite, Apt. # etc.	<u> </u>	DO NOT WRITE	N THI\$ SPACE
Sity & State Assentura FL	City & State AVENTER	A	4. FEI Number 59-1881976	Applied For Not Applicable
Zip 3-180 _ Country A _	33180	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Reg	stered Agent
		Name		
Koch, Barbara L. 1100 Lee Wagener BLVD. 204		Street Address (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33315		Suite		
		City A	ntura	FL 253180
8. The above named entity submits this statemen	t for the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florid	a.
SIGNATURE Signature, typed or printed name of registered as	gent and title if applicable (NOTE: I	Barbara Registered Agent signature req	ured when reinstating)	Jan 17, 2000
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 200 Make Check Payable		FEE IS \$150.00 0 Fee will be \$550.0 e to Department of 9	State	Added to Fees
	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICE	
TITLE P NAME MULLIN, GEORGE	Delete	TITLE NAME	tica Symonette fferent of Abaco suarina Point, Abaw, B	☐ Change
NAME MULLIN, GEORGE STREET ADDRESS THE COVE ELEUTHEVA	•	STREET ADDRESS D	frend of Abaco	1
CITY-ST-ZIP ELEUTHEVA, BAHAMAS		CITY-ST-ZIP (CA	suarina Point, Abuto, D	2-NGINGS
TITLE D	☐ Delete	TITLE P	ff Birch	☐ Change Addition
NAME ALBURY, MONTY		NAME STREET ADDRESS SO	nall Hope Bay Lodge	<u>.</u>
STREET ADDRESS GREEN TURTLE CLUB CITY-ST-ZIP ABACO, BAHAMAS		STREET ADDRESS Sh	eshCreek, Andros,	Bahamas
TITLE D	Celete	and the second of the second	· · · · · · · · · · · · · · · · · · ·	Change Addition
MANG PELLIFGER CHARLIE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	NAME TO	nu Armbrister	/\

Fernandez Buy Village Vew Bight, Cat Island, Bahamas STREET ADDRESS **HOTEL PEACE & PLENTY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EXUMA, BAHAMAS Delete TITLE TITLE SYMONETTE, NETTIE NAME NAME STREET ADDRESS DIFFERENT OF ABACO STREET ADDRESS CITY-ST-ZIP CAUARINA PT, ABACO, BAHAMAS CITY-ST-ZIP TITLE ☐ Delete TITLE ROBERTS, CRAIG NAME NAME STREET ADDRESS TREASURE CAY RESORT STREET ADDRESS CITY-ST-ZIP ABACO, BAHAMAS CITY-ST-ZIP Addition ☐ Delete TITLE TITLE ALEXIOU, MANNY NAME NAME STREET ADDRESS ABACO BOAD RESORT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARSH HARBOUR, ABACO BAHAMAS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #