

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90418 008 \*\*\*\*61.25

**DOCUMENT # 727694**

1. Entity Name

**ECONFINA ESTATES PARK, INC.**



Principal Place of Business

**7237 ECONFINA ESTATES  
YOUNGSTOWN FL 32466**

Mailing Address

**7237 ECONFINA ESTATES  
YOUNGSTOWN FL 32466**

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 **59-1764992**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SANDERS, SANDY  
7237 ECONFINA ESTATES PARK RD  
YOUNGSTOWN FL 32466**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BLACKWELL, J. WHILDON</b> <b>P.O. BOX 520 N/A</b> <b>PANAMA CITY FL 32402</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>SANDERS, SANDY</b> <b>7237 ECONFINA ESTATES PARK</b> <b>YOUNGSTOWN FL 32466</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>PRIDGEN, DAVID</b> <b>7308 LONE CEDAR DR</b> <b>YOUNGSTOWN FL 32466</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MARTIN, CHARLES</b> <b>7237 ECONFINA ESTATES RD</b> <b>YOUNGSTOWN FL 32466</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KERR, JOHN</b> <b>7224 ECONFINA ESTATES RD</b> <b>YOUNGSTOWN FL 32466</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>HADDOCK, BONNIE</b> <b>7313 LONE CEDAR DRIVE</b> <b>YOUNGSTOWN FL 32466</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Jeanne Marie Heath</b> <b>4005 W 24th Ct</b> <b>Panama City, FL 32405-1326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Wayne Mann</b> <b>7408 Green Branch Rd</b> <b>Youngstown, FL 32466</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Deesa Coleman</b> <b>Leesa Coleman</b> <b>1103 Emory Drive</b> <b>Panama City, FL 32405</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Ron Chaple</b> <b>110 Howard Court</b> <b>Panama City, FL 32404</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Betty J. Nelson</b> <b>7218 Econfina Estates Road</b> <b>Youngstown, FL 32466</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *SANDY SANDERS* 2/28/03 (850-722-6742)

CR2E037 (10/02)