2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90104 006 ****61.25

DOCUMENT # 737795

1. Entity Name

MISSION-BY-THE-SEA, INC.

Principal Place of Business	Mailing Address
772 ALLIGATOR DR ALLIGATOR POINT FL 32346 US	28 CARNIVAL LANE ALLIGATOR POINT FL 32346-5137 US

C0022195

DO NOT WRITE IN THIS SPACE

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 59-2173876 ☐ 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
MCNEELY, ED P.O. BOX 295 ~~STATE ROAD 346~~ 12 FONIGAN ROAD SOPCHOPPY FL 32358	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VC RATCLIFFE, CHARLES LEVY BAY RD PANACEA FL 32346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, TOM 13 BASS STREET ALLIGATOR POINT FL 32346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAENGER, AL 676 ALLIGATOR DR ALLIGATOR POINT FL 32346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYSE, BILL 655 PINE STREET ALLIGATOR POINT FL 32346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGOWAN, S 519 NORTH RIDE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDARIS, BOB 1001 AVE A CARRABELLE FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOPPERUD, ARLIS 601 PINE ST ALLIGATOR POINT FL 32346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PRICE, ANN 28 CARNIVAL LANE ALLIGATOR POINT FL 32346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Ann Price SIGNATURE REQUIRED Ann Price, ST February 12, 2001 850.349.2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #