

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90142 043 ****61.25

DOCUMENT # 754480

1. Entity Name
FLORIDA FOREST FESTIVAL, INC.

Principal Place of Business 428 NORTH JEFFERSON STREET PERRY FL 32347 US	Mailing Address P.O. BOX 1062 PERRY FL 32348-1062 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0772717		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PARKER, GREG 411 N. WASHINGTON ST. PERRY FL 32347		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.

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. <input type="checkbox"/>	\$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	WHITFIELD, RAY 428 NORTH JEFFERSON PERRY FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	OLCOTT, RICK	NAME	
STREET ADDRESS	428 NORTH JEFFERSON	STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	DAY, EVELYN	NAME	
STREET ADDRESS	428 NORTH JEFFERSON	STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	CITY-ST-ZIP	
TITLE	SD	TITLE	CD
NAME	MURRAY, DAWN	NAME	Dawn Murray
STREET ADDRESS	428 NORTH JEFFERSON	STREET ADDRESS	428 North Jefferson
CITY-ST-ZIP	PERRY FL	CITY-ST-ZIP	Perry, FL 32348
TITLE	D	TITLE	
NAME	WILLIAMS, JOHN	NAME	
STREET ADDRESS	428 NORTH JEFFERSON	STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	CITY-ST-ZIP	
TITLE	CD	TITLE	SD
NAME	GRAY, BOB	NAME	Rob Gray
STREET ADDRESS	428 NORTH JEFFERSON	STREET ADDRESS	428 North Jefferson
CITY-ST-ZIP	PERRY FL	CITY-ST-ZIP	Perry, FL 32348

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 OF REGISTERED AGENT 1-21-2000 8505845366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)