

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000431

FILED  
Apr 10, 2003  
Secretary of State

Entity Name: FREEPORT BUSINESS PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

225 BLUE RIDGE PARKWAY  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 989  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPPS, ROBERT E  
225 BLUE RIDGE PARKWAY  
FREEPORT, FL 32439

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAPPS, ROBERT E  
Address: 225 BLUE RIDGE PARKWAY  
City-St-Zip: FREEPORT, FL 32439

Title: VSTD ( ) Delete  
Name: GANTZ, JOSEPH  
Address: 225 BLUE RIDGE PARKWAY  
City-St-Zip: FREEPORT, FL 32439

Title: D (X) Delete  
Name: JOHNSON, MELISSA E  
Address: 151 REGIONS WAY - #6-A  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. CAPPS

PD

04/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date