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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State
01-16-2002 90036 048 ****61.25

DOCUMENT # N03260

1. Entity Name

CAMP HAPPY SANDS, INC.

Principal Place of Business	Mailing Address
468 WOODBINE DR. PENSACOLA FL 32503-3238 US	468 WOODBINE DR. PENSACOLA FL 32503 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FLORIDA	City & State: PENSACOLA, FL.
Zip: 32503-3238 Country: ESCAMBIA	Zip: 32503-3238 Country: ESCAMBIA

4. FEI Number 59-2388390 ☐ 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
ROOSE, ILA F. 468 WOODBINE DRIVE PENSACOLA FL 32503	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	PST ROOSE, ILA F. 468 WOODBINE DRIVE PENSACOLA FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR 32503-3238 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED ROOSE, ILA F. 468 WOODBINE DRIVE PENSACOLA FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTING DIRECTOR I. SANDRA AMES 117 -BUXBERY MOLINO, FL. 32577 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FCC WU, JUDY 3960 POTOSI PENSACOLA FL 32504	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLOTHING COORDINATOR ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD ROOSE, CHARLES E. 468 WOODBINE DR. PENSACOLA FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMP FACILITY MAINTENANCE ☐ Change ☐ Addition 32503-3238
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROOSE, CHARLES E. (JR.) 3500 NEWTON DR. PENSACOLA FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☑ Change ☐ Addition CHARLES E. ROOSE JR. 4310 HICKORY SHORES GULF BREEZE FL. 32 563
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROOSE, BRENDA 3500 NEWTON DR. PENSACOLA FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition FOOD COORDINATOR 4310 HICKORY SHORES GULF BREEZE, FL. 32563

CR2E037 (9/01)

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: ILA F. ROOSE PRESIDENT 1-7-2002 850-433-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #