

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90090 002 ****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**

2. Principal Place of Business

3. Mailing Address

**4310 HICKORY SHORE BLVD.
Suite, Apt. #, etc.**

**SAME
Suite, Apt. #, etc.**

City & State

GULF BREEZE, FLORIDA

City & State

SAME

Zip Country
32563 SANTA ROSA SAME

4. FEI Number **59-2388390**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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
CHARLES E. AND BRENDA ROOSE *Phone*
Street Address (P.O. Box Number is Not Acceptable)
before may 250-916-7259
4310 HICKORY SHORE BLVD.
City **GULF BREEZE** **FL** Zip Code **32563**

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 *Ilia F. Roose*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD** ☒ Delete
NAME **ROOSE, ILA F.**
STREET ADDRESS **468 WOODBINE DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32503-3238**

TITLE **SECRETARY AND TREASURE** ☒ Change ☐ Addition
NAME **CHARLES AND BRENDA ROOSE**
STREET ADDRESS **4310 HICKORY SHORE BLVD.**
CITY-ST-ZIP **GULF BREEZE, FLORIDA 32563**

TITLE **AD** ☒ Delete
NAME **AMES, I SANDRA**
STREET ADDRESS **117 DUXBERY**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ALICE DILLARD**
STREET ADDRESS **4517 TRADEWINDS PLACE**
CITY-ST-ZIP **PENSACOLA, FL. 32514**

TITLE **FCC** ☒ Delete
NAME **WU, JUDY**
STREET ADDRESS **3960 POTOSI**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **CRAFT DIRECTOR--VAN DRIVOR** ☐ Change ☐ Addition
NAME **MARY RANKIN**
STREET ADDRESS **1693 SAXON DR.**
CITY-ST-ZIP **PENSACOLA, FL. 32505**

TITLE **MDCF** ☒ Delete
NAME **ROOSE, CHARLES E.**
STREET ADDRESS **468 WOODBINE DR.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **ANN WILLIAMS, FOOD CHAIRMAN** ☒ Change ☐ Addition
NAME **4835 ANDRADE**
STREET ADDRESS **PENSACOLA, FL. 32504**

TITLE **VP** ☒ Delete
NAME **ROOSE, CHARLES E JR**
STREET ADDRESS **4310 HICKORY SHORES**
CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE **CLOTHES CHAIRMAN** ☐ Change ☐ Addition
NAME **JUDY WU**
STREET ADDRESS **3960 POTOSI**
CITY-ST-ZIP **PENSACOLA, FL. 32504**

TITLE **STFC** ☒ Delete
NAME **ROOSE, BRENDA**
STREET ADDRESS **4310 HICKORY SHORES**
CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

1-7-2003 800-433-3677

CR2E037 (10/02)