2002 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2002 8:00 am secretary of State **DOCUMENT # N48835** 1. Entity Name CANADIAN SNOWBIRD ASSOCIATION INC. 05-02-2002 90025 009 ****61.25 Principal Place of Business Mailing Address 350 GULF BLVD 350 GULF BLVD INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3141653 Not Applicable Country____ <u>. Z</u>ip __Country__ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEYLIE, WALLACE J. D. Street Address (P.O. Box Number is Not Acceptable) 350 GULF BLVD. INDIAN ROCKS BEACH FL 33785 City 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 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete ☐ Addition Change PD JACKSON, ROBERT NAME NAME ELLEN WHITE STREET ADDRESS 8 ALBERT ST STREET ADDRESS 5 DOGWOOD COURT ST STEPHEN NB E3L 2 CITY-ST-7IP CITY-ST-ZIP INNISFIL, ON, L9S 1M1 TITLE TITLE Delete Change ☐ Addition JENKINS. PAUL NAME NAME ROBERT JACKSON STREET ADDRESS 159 QUEEN ELIZABETH DR STREET ADDRESS 8-ALBERT-STREET CITY-ST-7IP CHARLOTTETOWN PE C1A 3 CITY-ST-ZIP STEPHEN NB, VD. □ Delete TITLE Change Addition WHITE, ELLEN NAME NAME PAUL JENKINS STREET ADDRESS 5 DOGWOOD COURT-S4 STREET ADDRESS 159 QUEEN ELIZABETH DRIVE CITY-ST-ZIP STROUD ON LOL 2 CITY-ST-ZIP CHARLOTTETOWN, P.E.I., C1A TITLE Delete TITLE VD **C**Change ☐ Addition Jeanneret, Kay NAME NAME JACK KIURU #63-20 BRIMWOOD BLVD. STREET ADDRESS STREET ADDRESS 1207-5959 SPRING GARDEN ROAD CITY-ST-ZIP AGINCOURT, ONTARIO M1V1G7 CA CITY-ST-ZIP <u>HALIFAX, N.S. , B3H 1Y5</u> Delete TITLE Change Addition SCOTT, ALEXANDER NAME GERRY BRISSENDEN #61-6467 197TH ST STREET ADDRESS STREET ADDRESS 56 RIDGE AVENUE CITY-ST-ZIP LANGLEY BC V2Y 1 CITY-ST-ZIP BRECHIN, ON, LOK 1BO TITLE ☐ Delete TITLE Addition TD NAME NAME MALCOLM JOYCE STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Thereby detay and the monthalion supplied with this limit does not quality for the exemplion state in Section 119.07(3)(1), Florida Statutes, Indicate the monthalion 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 empower

CITY-ST-ZIP

18 RED ROBIN PLACE

CITY-ST-ZIP