

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90334 024 \*\*\*\*\*61.25

007915

**DOCUMENT # N94000004705**

1. Entity Name

**SUN SEEKER OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**9812 BEACH BLVD  
 PANAMA CITY BEACH FL 32408**

**PO BOX 43  
 HBSITE RR2  
 FOREST. ONTARIO. CANADA NON1J**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3320279**

Applied For

Not Applicable

Zip

Country

Zip

Country

**NON 1J0**

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

**HESS, BRIAN D  
 9108 FRONT BEACH RD  
 PANAMA CITY BEACH FL 32407**

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: PD  
 NAME: MCCOY, TIMOTHY  
 STREET ADDRESS: PO BOX 2474  
 CITY-ST-ZIP: JASPER AL 35502  
 Delete

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

TITLE: VD  
 NAME: SANDRIN, MARILYN  
 STREET ADDRESS: 918 DORCHESTER DR  
 CITY-ST-ZIP: SARNA, ONTARIO N7V 2G3  
 Delete

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

TITLE: STD  
 NAME: WHITE, RITA  
 STREET ADDRESS: PO BOX 43/HB SITE RR #2  
 CITY-ST-ZIP: FOREST ON NON1J  
 Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP: **NON 1J0**

TITLE: D  
 NAME: WHITE, KAREN  
 STREET ADDRESS: 47 GLENRIDGE CRES  
 CITY-ST-ZIP: LONDON, ONT, CANADA N5G- 4W5  
 Delete

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

TITLE: D  
 NAME: WILLABY, CHARLES  
 STREET ADDRESS: 714 W. LOCUST  
 CITY-ST-ZIP: STILWELL OK 32405  
 Delete

TITLE:  Change  Addition  
 NAME: **D JIM BOWMAN**  
 STREET ADDRESS: **1142 PAINT LICK ROAD**  
 CITY-ST-ZIP: **BEREA, KENTUCKY 40403**

TITLE: D  
 NAME: PINSON, GARY  
 STREET ADDRESS: P.O. BOX 328  
 CITY-ST-ZIP: GREENBRIER TN 37073  
 Delete

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

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:

*RITA WHITE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STD**

**FEB. 5, 2002**

Date

**519 786-4746**

Daytime Phone #

CR2E037 (9/01)