

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0589460 AT

DOCUMENT # **P95000038385**

1. Entity Name
ROSEMARY BEACH LAND COMPANY

04-02-2002 90883 037 ***150.00

Principal Place of Business Mailing Address
E. HIGHWAY 30-A **P.O. BOX 4801**
INLET BEACH FL 32413 **SANTA ROSA BEACH FL 32459**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Rosemary Beach, FL
 Zip Country Zip Country
32461 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3314023** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PINNOCK, LAURENCE W 529 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete HORNSTEIN, MARK 315 PARK AVE. SOUTH NEW YORK NY 10010 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input type="checkbox"/> Delete BIENVENUE, PATRICK D 529 E SOUTH TEMPLE SALT LAKE CITY UT 84102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST <input type="checkbox"/> Delete MAKI, CORINNE 529 E SOUTH TEMPLE SALT LAKE CITY UT 84102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete DV DUNSER, ALEX H E. HIGHWAY 30-A INLET BEACH FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PINNOCK, LAURENCE W. 529 E. SO. TEMPLE SALT LAKE CITY, UT 84102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SELLECK, JULIE H. 16 SO. BARRETT SQ. PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GIBBS, RICHARD 16 SO. BARRETT SQ. PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie Selleck **JULIE SELLECK** 3/26/02 850 231 2900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)