


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90180 010 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000038385			
1. Entity Name ROSEMARY BEACH LAND COMPANY			
Principal Place of Business E. HIGHWAY 30-A INLET BEACH, FL 32413		Mailing Address P.O. BOX 611070 ROSEMARY BCH, FL 32461	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3314023		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when necessary) DATE</small>			
FILE NOW!!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNOCK, LAURENCE W	NAME	
STREET ADDRESS	629 E SO TEMPLE	STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY, UT 84102	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSTEIN, MARK	NAME	
STREET ADDRESS	315 PARK AVE. SOUTH	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10010	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIENVENUE, PATRICK D	NAME	
STREET ADDRESS	629 E SOUTH TEMPLE	STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY, UT 84102	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKI, CORINNE	NAME	
STREET ADDRESS	629 E SOUTH TEMPLE	STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY, UT 84102	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLECK, JULIE M	NAME	
STREET ADDRESS	16 SO BARRETT SQ	STREET ADDRESS	
CITY-ST-ZIP	INLET BEACH, FL 32413	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, RICHARD	NAME	
STREET ADDRESS	16 SO BARRETT SQ	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32413	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)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Julie Selleck, VP</i>		Date: <i>4/14/03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>850-231-2900</i>	

90088841



CHECK HERE IF MAKING CHANGES

ORF034 (10/02)