

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

DOCUMENT # 996000104524
1. Entity Name
ARROWHEAD CAMPSITES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 23 PM 2:34

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4820 East Highway 90
Suite, Apt. #, etc.

3. Mailing Address
4820 East Highway 90
Suite, Apt. #, etc.

City & State
Marianna, FL

City & State
Marianna, FL

Zip **32446** Country
Zip **32446** Country

000023555270
10/03/03--01088--034 **61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3424582

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Leigh R. Carraway

Street Address (P.O. Box Number is Not Acceptable)
4820 East Highway 90

City **Marianna** **FL** Zip Code **32446**

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 Leigh R. Carraway **LEIGH R. CARRAWAY** **PRESIDENT** **Sept. 19, 2003**
Signature, typed or printed name of registered agent and title if applicable. (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.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P/ST/D	TITLE	
NAME	Leigh R. Carraway	NAME	
STREET ADDRESS	4820 East Highway 90	STREET ADDRESS	
CITY-ST-ZIP	Marianna, FL 32446	CITY-ST-ZIP	
TITLE	VP/D	TITLE	
NAME	Charles E. Carraway	NAME	
STREET ADDRESS	4820 East Highway 90	STREET ADDRESS	
CITY-ST-ZIP	Marianna, FL 32446	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Leigh R. Carraway **Leigh R. Carraway President** **9/19/03** **(850)482-5583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)