

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90063 044 ***150.00

0688489 AT

DOCUMENT # P97000023850
 1. Entity Name
ROSEMARY BEACH COTTAGE RENTAL COMPANY

Principal Place of Business: **EAST HIGHWAY 30-A PANAMA CITY BEACH FL 32413**
 Mailing Address: **PO BOX 4801 SANTA ROSA BEACH FL 32459**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **P.O. Box 611070**
 Suite, Apt. #, etc.

City & State: **ROSEMARY BEACH, FL**

4. FEI Number: **59-3455272**
 Applied For: Not Applicable

Zip: **32461** Country: **USA**

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

6. Name and Address of Current Registered Agent:
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

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: D NAME: HIAN, HOWARD STREET ADDRESS: 2850 SUGARMAN COURT CITY-ST-ZIP: LA JOLLA CA 92037	<input type="checkbox"/> Delete
TITLE: DV NAME: BIENVENUE, PATRICK D STREET ADDRESS: 529 E. SOUTH TEMPLE CITY-ST-ZIP: SALT LAKE CITY UT 84102	<input type="checkbox"/> Delete
TITLE: DP NAME: BIENVENUE, PATRICK STREET ADDRESS: 529 EAST SOUTH TEMPLE CITY-ST-ZIP: SALT LAKE CITY UT 84102	<input type="checkbox"/> Delete
TITLE: DTS NAME: CORRINE MAKI STREET ADDRESS: 529 E. SOUTH TEMPLE CITY-ST-ZIP: SALT LAKE CITY UT 84102	<input type="checkbox"/> Delete
TITLE: D NAME: PINNOCK, LAWRENCE W STREET ADDRESS: 529 E. SOUTH TEMPLE CITY-ST-ZIP: SALT LAKE CITY UT 84102	<input type="checkbox"/> Delete
TITLE: VP NAME: GIFFORD, KENNETH STREET ADDRESS: EAST HWY. 30-A CITY-ST-ZIP: PANAMA CITY FL 32413	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE: VP NAME: ELLIS, JEFFREY STREET ADDRESS: 1650 BARRETT SQ CITY-ST-ZIP: PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: SELLECK, JULIE H. STREET ADDRESS: 1650 BARRETT SQ. CITY-ST-ZIP: PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP, DIRECTOR NAME: PINNOCK, LAWRENCE W. STREET ADDRESS: 529 E. SO. TEMPLE CITY-ST-ZIP: SALT LAKE CITY, UT 84102	<input checked="" 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** Date: 3/26/02 Daytime Phone #: 850-231-2900

CR2E034 (6/01)