

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0599461 AT

DOCUMENT # **P98000073813**

1. Entity Name  
**ROSEMARY BEACH REALTY INC.**

04-11-2002 90072 007 \*\*\*150.00

Principal Place of Business  
**C/O ROSEMARY BEACH  
 EAST HIGHWAY 30-A  
 PANAMA CITY BEACH FL 32413**

Mailing Address  
**P.O. BOX 4801  
 SANTA ROSA BEACH FL 32459**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 611070**  
 Suite, Apt. #, etc.

City & State  
**ROSEMARY BEACH FL**

City & State  
**ROSEMARY BEACH FL**

Zip  
**32461**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3549867**

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 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.  **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	<b>VD DUNSER, ALEX H E. HIGHWAY 30-A PANAMA CITY BEACH FL 32413</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BIENVENUE, PATRICK D 529 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MAKI, CORINNE 529 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PINNOCK, LAURENCE W 529 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, LAURANCE B JR EAST HIGHWAY 30-A PANAMA CITY BEACH FL 32413</b>	<input checked="" type="checkbox"/> Delete
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	<b>VP ELLIS, JEFFREY 16 SO. BARRETT SQ. PANAMA CITY BEACH, FL 32413</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SELLECK JULIE H. 16 SO. BARRETT SQ. PANAMA CITY BEACH, FL 32413</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, DIRECTOR PINNOCK, LAURENCE W. 529 E. SO. TEMPLE SALT LAKE CITY, UT 84102</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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** 3/31/02 850-231-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)