

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90088 031 \*\*\*150.00

DOCUMENT # **187378**



1. Entity Name  
**ALFORD RESORTS, INC.**

Principal Place of Business  
**ALFORD, TED**  
**11619 FRONT BEACH**

Mailing Address  
**6923 MARINA COVE COURT**  
**COLUMBUS GA 31904**

~~ONE MOUNTAIN OFFICE~~  
**US PANAMA CITY, FL. 32407**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0751561**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALFORD, TED**  
**11619 FRONT BEACH**  
~~SUITE 100~~ **TOWER II, UNIT 101**  
**PANAMA CITY BEACH FL 32407**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ALFORD, TED L</b>	
STREET ADDRESS	<b>11619 FRONT BEACH RD.</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32407</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MCDANIEL, SARA A</b>	
STREET ADDRESS	<b>2345 GURLEY DR</b>	
CITY-ST-ZIP	<b>COLUMBUS GA 31906</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PICKLE, LINDA A</b>	
STREET ADDRESS	<b>1077 PRINCETON WALK</b>	
CITY-ST-ZIP	<b>MARIETTA GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ESTES, DIANNE H</b>	
STREET ADDRESS	<b>2034 COUNTRY CLUB RD.</b>	
CITY-ST-ZIP	<b>COLUMBUS GA</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ALFORD, LYNDIA M</b>	
STREET ADDRESS	<b>11619 FRONT BEACH RD. #101</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda A. Pickle* SIGNATURE REQUIRED: *Linda A. Pickle* Date: *1-24-03* Daytime Phone #: *706-571-3108*

CR2E034 (10/02)