

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 CA OFFICE~~
US PANAMA CITY, FL. 32407



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 **59-0751561**

Applied For
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable

(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	P	<input type="checkbox"/> Delete
NAME	ALFORD, TED L	
STREET ADDRESS	11619 FRONT BEACH RD.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDANIEL, SARA A	
STREET ADDRESS	2045 GURLEY DR 2506 CAMILLE DR.	
CITY-ST-ZIP	COLUMBUS GA 31904 31906	
TITLE	V	<input type="checkbox"/> Delete
NAME	PICKLE, LINDA A	
STREET ADDRESS	1077 PRINCETON WALK	
CITY-ST-ZIP	MARIETTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ESTES, DIANNE H	
STREET ADDRESS	2034 COUNTRY CLUB RD.	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALFORD, LYNDIA M	
STREET ADDRESS	11619 FRONT BEACH RD. #101	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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** *M. Alfred* **1-24-03** **706-571-3108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)