2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 21, 2001 8:00 am
Secretary of State
04-26-2001 90239 039 ****61.25

DOCUMENT # 717899

1. Entity Name

FLORIDA ATTRACTIONS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~200 W. COLLEGE AVE~~ 1114 N Gadsden St TALLAHASSEE FL ~~32301~~ 32303 US	~~P. O. BOX 10295~~ 1114 N Gadsden St ~~P.O. BOX 10295~~ TALLAHASSEE FL ~~32302-2295~~ 32303 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1114 N Gadsden St	1114 N Gadsden St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32303 Country: US	Zip: 32303 Country: US

4. FEI Number 59-1724091 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, DONNA H. ~~200 W. COLLEGE AVE~~ 1114 N Gadsden St TALLAHASSEE FL ~~32301~~ 32303	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STORK, THOM 3000 E BUSCH BLVD TAMPA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Elect, D Donna Turner 4510 W Irlo Bronson Hwy Kissimmee FL 34746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATHERHOLT, WAYNE 1000 THIRD STREET S ST PETERSBURG FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D Mike Moraitski 907 Whitehead St Key West FL 33040	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB PUCKETT, BILL 999 ANASTASIA BLVD ST. AUGUSTINE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T, D Terri Hepburn 249 Windward Passage Clearwater FL 33767	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE USINA, FRANK 4125 COASTAL HWY ST. AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C, D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUPFER, BILL 6225 VECTORSPACE BLVD TITUSVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JJ Cocoran Bldg 3465 NAS Pensacola FL 32508	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CREEDON, SHARON 2641 S LAKE SUMMIT DR WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Immediate Past C, D	☑ Change ☐ Addition

CR2E037 (10/00)

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 617, 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.

Frank Usina, Chairman of the Board

SIGNATURE: _____ 4-12-01 850.222.2885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #