

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 717899**

1. Entity Name

FLORIDA ATTRACTIONS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1114 N GADSDEN ST
TALLAHASSEE FL 32303
US****1114 N GADSDEN ST
TALLAHASSEE FL 32303
US**

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

59-1724091

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.
1114 N GADSDEN ST
TALLAHASSEE FL 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 \$61.259. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
TURNER, DONNA
1510 W IRLO BRONSON HWY
KISSIMMEE FL 34742**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MORAWSKI, MIKE
907 WHITEHEAD ST
KEY WEST FL 33040**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HEPBURN, TERRI
249 WINDWARD PASSAGE
CLEARWATER FL 33767**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
USINA, FRANK
4125 COASTAL HWY
ST. AUGUSTINE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COONAN, J J
BLDG 3465
NAS PENSACOLA FL 32508**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
CREEDON, SHARON
2641 S LAKE SUMMIT DR
WINTER HAVEN FL 33884**TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE REQUIRED
*Donna Turner***1-10-02 850-222-2885****FILED
Feb 13, 2002 8:00 am
Secretary of State**

02-13-2002 90237 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)