2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 746750** May 17, 2000 8:00 am Secretary of State 1. Entity Name DESTIN SNOWBIRDS, INC. 04-28-2000 90061 008 \*\*\*\*61.25 Principal Place of Business Mailing Address P O BOX 1367 P O BOX 1367 DESTIN FL 32541 **DESTIN FL 32540-1367** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2466105 Not Applicable Country ~ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BUSSA, FRED 547 SHORE DR **DESTIN FL 32541** City 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 (NOTE: Registered Agent signature repuired when reinstating) adsoifons it eur bos toeus betalaiges to en FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. STD 570 TITLE . Delete TITLE **Addition** Pat Garrett 4000 Guis TerraceDr ROSS-CASSIN, MARY NAME NAME STREET ADDRESS STREET ADDRESS r.r. 3 14 McKenzie st CITY\_ST-7/P CITY-ST-TIP WIARTON, ONTARIO, CANADA NOH2T-0 Destin F1. 3254 VDT ☐ Addition ☐ Dalete TITLE TITLE BUSSA, FRED NAME NAME STREET ADDRESS 547 SHORE DR STREET ADDRESS CITY-ST-ZIP **DESTIN FL 32541** CITY-ST-ZIP TOH, MaxiNe Brandes Change Exaddition 955 Airported Apt 524
Destin, Fl. 32541 Delete TITLE TITLE EIX, JOHN NAME STREET ADDRESS 807 FOREST AVE STREET ADDRESS CITY-ST-7IP PARK RAPIDS MN 56470 CITY-SY-ZIP Change ☐ Addition TITLE Delete TITLE Cassin, Frank NAME NAME STREET ADDRESS RR #3, 14 MCKENZIE ST STREET ADDRESS CITY-ST-ZIP WIARTON, ONT. CANADA NOH-2TO CITY-ST-ZIP Delete mr ☐ Addition WALSH, LISE NAME STREET ADDRESS 42 MICHAELE AVE. STREET ADDRESS

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.

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

PLATTSBURGH NY 12901

4100 BURNING TREE DRIVE

van krevelen, tom

DESTIN FL 32541

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

Delete 🕰

Change

Addition