2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90299 006 ****61.25

DOCUMENT # 746750

1. Entity Name

DESTIN SNOWBIRDS, INC.

Principal Place of Business	Mailing Address
P O BOX 1367 DESTIN FL 32541	P O BOX 1367 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip: 32540	Country:	Zip: 32540	Country:

4. FEI Number: 59-2466105 ☐ 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
BUSSA, FRED 547 SHORE DR DESTIN FL ~~32541~~ 32550	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code 32550

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 Fred L Bussa 4-14-2001
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	STD GARRETT, PAT 4000 GULF TERRACE DRIVE DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5 D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BUSSA, FRED 547 SHORE DR DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRANDES, H MAXINE 955 AIRPORT ROAD, APT. 624 DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD CASSIN, FRANK RR #3, 14 MCKENZIE ST WIARTON, ONT. CANADA NOH-2T0	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Grace Fostmeier PO Box 207 Menomonie, Wi 54151	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WALSH, LISE 42 MICHAELE AVE. PLATTSBURGH NY 12901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD YEE, KEN 200 NORTH HARBOR DRIVE GRAND HAVEN MI 49417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UPD	☒ 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.

SIGNATURE: SIGNATURE REQUIRED H. Maxine Brandes 04-04-01 850-269-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #