

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757427

1. Entity Name

OLD SPANISH TRAIL FESTIVAL SOCIETY, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90027 009 ****61.25

Principal Place of Business

Mailing Address

P O BOX 747
CRESTVIEW FL 32536

P O BOX 747
CRESTVIEW FL 32536-0747

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

59-2939561

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

BARNHILL, WILLIAM A.
501 NORTH FERDON BLVD.
CRESTVIEW FL 32536

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	PD	<input type="checkbox"/> Delete
NAME	PEARL WARNICK	
STREET ADDRESS	149 SHADY LANE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	OV	<input type="checkbox"/> Delete
NAME	BARNHILL, BILL	
STREET ADDRESS	501 N FENDON BLVD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BILL HEAD	
STREET ADDRESS	5832 LAKE DR	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEAD, NORA J	
STREET ADDRESS	5832 LAKE DR	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LAMY, TERRY	
STREET ADDRESS	PEARL ST N	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Nora J Head Treasurer

2-04-00

850/547-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)