

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-18-2002 90007 003 \*\*\*\*\*61.25

**DOCUMENT # 757427**

1. Entity Name

**OLD SPANISH TRAIL FESTIVAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

P O BOX 747  
CRESTVIEW FL 32536P O BOX 747  
CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2939561**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	HEAD, BILL	
STREET ADDRESS	5832 LAKE DRIVE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	DV	<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	WARNICK, PEARL	
STREET ADDRESS	149 SHADY LANE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEAD, NORA J	
STREET ADDRESS	5832 LAKE DR	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	OS	<input type="checkbox"/> Delete
NAME	LAMY, TERRY	
STREET ADDRESS	PEARL ST N	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWEAT, THERES	
STREET ADDRESS	133 MILL POND COVE	
CITY-ST-ZIP	CRESTVIEW FL 32536	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

1-7-02 850-689-8100x578

CR2E037 (9/01)