

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90251 021 ****61.25

DOCUMENT # F96000004438

1. Entity Name

LAKE MARTIN EPISCOPAL RETREAT, INC.

Principal Place of Business

Mailing Address

**THE MARRIAGE RETREAT
 4421 COMMONS DR E. PMB 404
 DESTIN FL 32541**

**THE MARRIAGE RETREAT
 4421 COMMONS DR E. PMB 404
 DESTIN FL 32541**

80128730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0892596

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOBLEY, FORREST C REV/DR
 4421 COMMONS DR E
 PMB 404
 DESTIN FL 32541**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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** ☐ Delete
 NAME **MOBLEY, FORREST C REV/DR**
 STREET ADDRESS **4421 COMMONS DR E., PMB 404**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **MOBLEY, NANCY MRS**
 STREET ADDRESS **4421 COMMONS DR E., PMB 404**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Delete
 NAME **LANCE, WILLIAM DR**
 STREET ADDRESS **7024 DARYN LANE**
 CITY-ST-ZIP **FORT COLLINS CO 80524**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VC** ☐ Delete
 NAME **ANDERSON, RUSSELL**
 STREET ADDRESS **2 CADE CIRCLE**
 CITY-ST-ZIP **UNION SPRINGS AL 36089**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FLACK, HUNTER**
 STREET ADDRESS **260 BRETTBRUNN CHASE**
 CITY-ST-ZIP **DULUTH GA 30097**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PARDONNER, DAVE**
 STREET ADDRESS **363 GULF BREEZE PKWY PMB 103**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☒ Change ☐ Addition
 NAME **D
 PARDONNER, DAVE**
 STREET ADDRESS **497 DEER POINT DR**
 CITY-ST-ZIP **GULF BREEZE, FL 32561-4520**

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:

Forrest C Mobley 7/9/02 850 680 8000

CR2E037 (4/02)