

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90066 047 ***150.00

DOCUMENT # J17415

1. Entity Name

TIS THE SEASON OF WALTON COUNTY, INC.

Principal Place of Business

**9375 EMERALD COAST PKWY WEST
 SUITE 30
 DESTIN FL 32541
 US**

Mailing Address

**9375 EMERALD COAST PKWY WEST
 SUITE 30
 DESTIN FL 32541
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32550

32550

Zip Code Change

4. FEI Number

59-2450034

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

BISHOP, ELIZABETH M.

280 BAY AVE

DEFUNIAK SPRINGS FL 32433

Name

Elizabeth M. Bishop

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

280 Bay Ave.

City

DeFuniak Spgs,

FL

Zip Code

32435

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

Elizabeth M. Bishop

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

(NOTE: Registered Agent signature required when reinstating)

1-14-02

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **BISHOP, ELIZABETH M.**
 CITY-ST-ZIP **280 BAY AVENUE
 DEFUNIAK SPRGS FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DEES, GLENDA C.**
 CITY-ST-ZIP **RT. 6, BOX 240
 DEFUNIAK SPRGS FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VANSLATE, GENEVIERE M**
 CITY-ST-ZIP **836 CIRCLE DR
 DEFUNIAK SPRINGS FL 32435**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth M. Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

850-837-9730

Daytime Phone #

CR2E034 (9/01)