

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90143 045 ***150.00

DOCUMENT # K99277



1. Entity Name
RESORT REALTY OF ST. GEORGE ISLAND, INC.

Principal Place of Business
**123 GULF BEACH DR W
ST GEORGE ISLAND FL 32328
US**

Mailing Address
**123 GULF BEACH DR W
ST GEORGE ISLAND FL 32328
US**

2. Principal Place of Business

3. Mailing Address

71 Market Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Apalachicola, FL

4. FEI Number **59-2958974**

Applied For

Not Applicable

Zip

Country

Zip
32320

Country
Franklin

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPOHRER, HELEN T.
123 GULF BEACH DR W
ST. GEORGE ISLAND FL 32328**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SPOHRER, HELEN T	
STREET ADDRESS	123 GULF BEACH DR.	
CITY-ST-ZIP	ST GEORGE ISLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DRYE, ROSE	
STREET ADDRESS	564 PINEB AVE W	
CITY-ST-ZIP	ST GEORGE ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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

Date _____ Daytime Phone # _____

CR2E034 (10/02)