

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-30-2002 91603 019 ****61.25

DOCUMENT # N00000004077

1. Entity Name

PACE AREA RECREATION FOR KIDS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4960 Forest Creek Drive

Suite, Apt. #, etc.

3. Mailing Address

4960 Forest Creek Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pace, FL

City & State

Pace, FL

4. FEI Number

59-3652364

Applied For

Not Applicable

Zip

32571

Country

USA

Zip

32571

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Mary Stewart Fortune

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

4960 Forest Creek Drive

City

Pace

FL

Zip Code
32571

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	President	TITLE	
NAME	Mary Stewart Fortune	NAME	
STREET ADDRESS	4960 Forest Creek Drive	STREET ADDRESS	
CITY - ST - ZIP	Pace, FL 32571	CITY - ST - ZIP	
TITLE	Vice President	TITLE	
NAME	Kelly Labomard	NAME	
STREET ADDRESS	3629 Sweet Bay Drive	STREET ADDRESS	
CITY - ST - ZIP	Pace, FL 32571	CITY - ST - ZIP	
TITLE	Treasurer	TITLE	
NAME	Terry L. Fortune	NAME	
STREET ADDRESS	4960 Forest Creek Drive	STREET ADDRESS	
CITY - ST - ZIP	Pace, FL 32571	CITY - ST - ZIP	
TITLE	Secretary	TITLE	
NAME	Stephen Shell	NAME	
STREET ADDRESS	102 Royal Pines Drive	STREET ADDRESS	
CITY - ST - ZIP	Pace, FL 32571	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/02

Date

850 995-9707

Daytime Phone #

CR2E037B (12/01)