2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 10, 2002 8:00 am Secretary of State DOCUMENT # N0100004079 01-16-2002 90050 010 ****70.00 MARINE CORPS LEAGUE, DETATCHMENT 065 INC. Mailing Address Principal Place of Business 6242 E HIGHWAY 98 6242 E HIGHWAY 98 10104 PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Ζφ Country ¥ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUMNER, JAMES R 7102 LETHOHATCHEE ST PANAMA CITY FL 32404 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution._ . Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 9/01 ₩ Change X Delete TITLE TITLE SUMNER, JAMES R NAME TONISSEN, THEODORE K. NAME **2E037** 7102 LETOHATCHEE ST STREET ADDRESS STREET ADDRESS 6118 PRIDGEN STREET PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL. 32404 ☐ Change ■ Addition ☐ Delete TITLE TITLE TERRACE, WILLIAM NAME D NAME 318 SANTA ANNA DR STREET ADDRESS STREET ADDRESS PORT-ST JOE FL 32456 CITY-ST-ZIP. CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITELEY, NEIL NAME NAME 5141 LANCE STREET STREET ADDRESS STREET ADDRESS PARKER FL 32404 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE DILE NAME MAME JAMES R. SUMNER STREET ADDRESS STREET ADDRESS 7102 LETOHATCHEE STKEET CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL. 32404 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 life empowered.

1/10

FILED