

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007115

1. Entity Name

PEOPLE FOR THE PRESERVATION OF PARADISE, INC.

Principal Place of Business

Mailing Address

2606 OLD HWY 98
DESTIN FL 32550

2606 OLD HWY 98
DESTIN FL 32550

2. Principal Place of Business

3. Mailing Address

2606 SCENIC GULF DR

2606 SCENIC GULF DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

Zip
32550

Country

City & State

Destin, FL

Zip
32550

Country

4. FEI Number

59-3749796

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CREW & CREW, P.A.
25 BEAL PKWY NE STE 210
FT WALTON BCH FL 32548

7. Name and Address of New Registered Agent

Name: Loretta W. Smith
Street Address (P.O. Box Number is Not Acceptable): 2606 SCENIC GULF DRIVE
City: Destin FL Zip Code: 32550

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: Loretta W. Smith

Loretta W. Smith

4/19/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	President D	<input type="checkbox"/> Delete
NAME	Franklin M. Gay	
STREET ADDRESS	24 Bayne Drive	
CITY-ST-ZIP	Fort Walton Beach FL 32547	
TITLE	V-President D	<input type="checkbox"/> Delete
NAME	Freddie Fields	
STREET ADDRESS	25 Topaz Cove	
CITY-ST-ZIP	Destin, FL 32547	
TITLE	Lorri Smith	<input type="checkbox"/> Delete
NAME	12815 Hwy 98 Suite 100	
STREET ADDRESS	Destin, FL	
CITY-ST-ZIP	32550	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:

LORRI SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 (850) 650-7990

Date

Daytime Phone #

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

05-03-2002 90052 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)