2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2003 8:00 am Secretary of State 04-09-2003 90180 031 ****61.25 DOCUMENT # N02000004425 1. Entity Name PANAMA CITY BEACH INDIAN SUMMER FESTIVALS, INC. JJURIRUU Principal Place of Business Mailing Address 17001 PANAMA CITY BOH PKWY 17001 PANAMA CITY BCH PKWY PANAMA ČITY BCH FL 32413 PANAMA CITY BCH FL 32413 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 82-0548507 City & State City & State Applied For Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent لير يعاجم أوا أو المحادث أرقياء المايها فالمحارث أوجم للربي WARREN, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 17001 PANAMA CITY BCH PKWY PANAMA CITY BCH FL 32413 Zip Code 9. 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 lamillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. X Addition TITLE Delete TITLE DST Change BISHOP, JOHN P JR NAME NAME Paul G. Goulding 12627 FRONT BCH RD STREET ADDRESS STREET ADORESS 17001 Panama City Beach Parkway 3R2E037 CITY-ST-ZIP Panama City BCH FL 32417 CITY-ST-ZIP <u> Panama City Beach, FL 32413</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition Warren, Robert L NAME NAME 17001 PANAMA CITY BCH PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIE PANAMA CITY BCH FL 32413 CITY-ST-ZIP OST ---TITLE Oelete TIPLE 💝 Addition HOPPER, ROBERT M NAME NAME 17001 PANAMA CITY BCH PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ipanama city BCH FL 32413 CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Detete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MUTHED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED