

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23714

1. Entity Name

SNOWBABIES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90123 011 ****61.25

Principal Place of Business

Mailing Address

2610 HWY 17-92
LONGWOOD FL 32750
US

P O BOX 162856
ALTAMONTE SPRINGS FL 32716-2856
US

2. Principal Place of Business

3365 GRAY FOX COVE
Suite, Apt. #, etc.
APOPKA FL 32703
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip
32703
Country
Seminole

6. Name and Address of Current Registered Agent

SEVISON, TAMMY SUE
3365 GRAY FOX COVE
APOPKA FL 32703

4. FEI Number

59-2865815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

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 \$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	DP	<input type="checkbox"/> Delete
NAME	GARBER, LON PASTOR	
STREET ADDRESS	530 DOGTRACK RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STOCKTON, RICK A	
STREET ADDRESS	900 S ORANGE AVE, STE 2600	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVERMAN, GARY	
STREET ADDRESS	92 W MILLER AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALEXANDER, GREGOR	
STREET ADDRESS	92 W MILLER AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SEVISON, TAMMY	
STREET ADDRESS	3365 GRAY FOX COVE	
CITY-ST-ZIP	APOPKA FL	
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	
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)(l), 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:

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

Date

Daytime Phone #

CR2E037 (9/99)

407-
3394041