

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90008 049 \*\*\*\*\*61.25

0022322

**DOCUMENT # N23714**

1. Entity Name

**SNOWBABIES, INC.**

Principal Place of Business

3365 GRAY FOX COVE  
 APOPKA FL 32703  
 US

Mailing Address

P O BOX 162856  
 ALTAMONTE SPRINGS FL 32716  
 US

2. Principal Place of Business

*Tammy Sue Sevison*

3. Mailing Address

Suite, Apt. #, etc.

*2953 Burlington Dr*

City & State

*Apopka FL 32703*

Zip

*32716*

Country

*USA*

Country

*USA*

4. FEI Number

**59-2865815**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SEVISON, TAMMY SUE  
 3365 GRAY FOX COVE  
 APOPKA FL 32703

*Tammy Sevison*  
*2953 Burlington Dr.*  
*Apopka FL 32703*

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 *Tammy Sue Sevison*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-10-01*

**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 ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **GARBER, LON PASTOR**  
 CITY-ST-ZIP **530 DOGTRACK RD**  
**LONGWOOD FL**

TITLE ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **STOCKTON, RICK A**  
 CITY-ST-ZIP **900 S ORANGE AVE, STE 2600**  
**ORLANDO FL 32802**

TITLE ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **ALEXANDER, GREGOR**  
 CITY-ST-ZIP **92 W MILLER AVE**  
**ORLANDO FL**

TITLE ☐ Delete  
 NAME **DT**  
 STREET ADDRESS **SEVISON, TAMMY**  
 CITY-ST-ZIP **3365 GRAY FOX COVE**  
**APOPKA FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Tammy Sevison, Director* *2-10-01* *407-788-8214*

CR2E037 (10/00)