

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44672

1. Entity Name

SANTA ROSA FUNFAIR, INC.

Principal Place of Business

6880 SUMMIT DR
MILTON FL 32570-6551

Mailing Address

6880 SUMMIT DR
MILTON FL 32570-6551

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3081925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUNDIN, WILLIAM S.
6880 SUMMIT DR.
MILTON FL 32570

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 DV ☐ Delete
NAME GRIFFITH, THOMAS R.
STREET ADDRESS 6025 CHEYENNE DR.
CITY-ST-ZIP MILTON FL

TITLE CD ☐ Delete
NAME LUNDIN, WILLIAM S.
STREET ADDRESS 6880 SUMMIT DR.
CITY-ST-ZIP MILTON FL

TITLE DS ☐ Delete
NAME KELLEY, ED
STREET ADDRESS RT 6, BOX 231-A
CITY-ST-ZIP MILTON FL

TITLE DT ☐ Delete
NAME LUNDIN, SUE
STREET ADDRESS 6880 SUMMIT DR.
CITY-ST-ZIP MILTON 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-01 850-623-5868



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)