2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N46940

Entity Name: SEASIDE TOWN COUNCIL, INC.

FILED Jan 28, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 4957

SANTA ROSA BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

PO BOX 4957

SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3105801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCFARLAND, CONNIE HOLL BUILDING HIGHWAY 30-A SANTA ROSA BEACH, FL 32549 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VPD () Delete
 Title:
 VD (X) Change () Addition

 Name:
 SEPIC, TOM
 Name:
 BLAXTER, VAUGHAN

 Address:
 2721 144TH STREET
 Address:
 5302 WESTMINSTER PLACE

 City-St-Zip:
 URBANDALE, IA 50323
 City-St-Zip:
 PITTSBURG, PA 15232

Title: TD () Delete Title: () Change () Addition

 Name:
 SCRUGGS, DAVID
 Name:

 Address:
 81 MONROE AVENUE
 Address:

 City-St-Zip:
 MEMPHIS, TN 38103
 City-St-Zip:

Name: BUEHLER, FRED Name: BUEHLER, FRED

Address: 1401 JOHNSON FERRY RD Address: 1401 JOHNSON FERRY RD

City-St-Zip: MARIETTA, GA City-St-Zip: MARIETTA, GA

Title: PD () Delete Title: () Change () Addition

 Name:
 NOONAN, BRUCE
 Name:

 Address:
 3810 PLAZA ST.
 Address:

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CROOK, JERRY
 Name:
 CROOK, JERRY

 Address:
 1102 NORTH HARDING
 Address:
 203 RUSKIN PLACE

 City-St-Zip:
 ALBANY, GA 31701
 City-St-Zip:
 SEASIDE, FL 32459

Title: D () Delete Title: SD (X) Change () Addition

 Name:
 IRVINE, CAROL
 Name:
 IRVINE, CAROL

 Address:
 2040 E. HWY 30-A
 Address:
 2040 E. HWY 30-A

 City-St-Zip:
 SEASIDE, FL 32459
 City-St-Zip:
 SEASIDE, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE NOONAN PD 01/28/2002