2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N46940

Title:

Name:

Address:

City-St-Zip:

PD

NOONAN, BRUCE

3810 PLAZA ST.

() Delete

COCONUT GROVE, FL 33133

Current Principal Place of Business:

Entity Name: SEASIDE TOWN COUNCIL, INC.

FILED Jan 07, 2003 Secretary of State

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: () Delete (X) Change () Addition BLAXTER, VAUGHAN HAMMES, DAVID Name: Name: 5302 WESTMINSTER PLACE Address: 1219 WINDMILL DRIVE Address: City-St-Zip: PITTSBURG, PA 15232 City-St-Zip: MERIDIAN, MS 39305 Title: () Delete Title: (X) Change () Addition SCRUGGS, DAVID Name: SCRUGGS, DAVID Name: Address: 81 MONROE AVENUE Address: 81 MONROE AVENUE City-St-Zip: MEMPHIS, TN 38103 City-St-Zip: MEMPHIS, TN 38103 Title: () Delete Title: () Change () Addition BUEHLER, FRED Name: Name: 1401 JOHNSON FERRY RD Address: Address: City-St-Zip: MARIETTA, GA City-St-Zip:

Title: () Delete Title: CROOK, JERRY WEATHERSBY, WOODS Name: Name: 203 RUSKIN PLACE 6520 ROBBINS RIDGE Address: Address: City-St-Zip: SEASIDE, FL 32459 City-St-Zip: MEMPHIS, TN 38119 Title: () Delete Title: GREEN, HARVEY IRVINE, CAROL Name: Name: Address: 2040 E. HWY 30-A Address: 7909 FRERET STREET SEASIDE, FL 32459 NEW ORLEANS, LA 70118 City-St-Zip: City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE NOONAN Ρ 01/07/2003

() Change () Addition

(X) Change () Addition

(X) Change () Addition