

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90011 042 ****61.25

DOCUMENT # N93000000356

1. Entity Name

OKALOOSA COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 2707
 FT WALTON BEACH FL 32549
 US

P.O. BOX 2707
 FT WALTON BEACH FL 32549
 US

80093459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1170 MARTIN LUTHER KING BLVD

Suite, Apt. #, etc.
Room 702

Suite, Apt. #, etc.

City & State
FT WALTON Bch, FL

City & State

Zip
32547

Country
USA

Zip

Country

4. FEI Number

59-3165895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNNARBORG, PATTI
1170 MARTIN LUTHER KING JR. BLVD.
BUILDING 7, #702
FT. WALTON BEACH FL 32547

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)

4/30/02
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KENT, MIKE 348 MIRACLE STRIP PARKWAY, #13 FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, NATE PO DRAWER 4550 FT WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COLLINS, MARGIE 340 BEAL PARKWAY FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEOPOLD, FRED 1904 NE EGLIN PARKWAY FORT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORRESTER, JOHN PO BOX 697 DESTIN FL 32540	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAHLMAN, CRAIG 4 LEWIS TURNER BLVD STE 200 FORT WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAIL SANBURY 21 ROBINWOOD DR SW FORT WALTON Bch, FL 32548 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARY McMOORE 604 WEST US 90 CRESTVIEW, FL 32536 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Change <input type="checkbox"/> Addition <input type="checkbox"/>

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:

SUNNARBORG, PATTI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

850-651-7376
 Daytime Phone #

CR2E037 (9/01)