

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

Front Row Owner's Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% Abbott Resorts Inc.

Suite, Apt. #, etc.

35000 Emerald Coast Pkwy

City & State

Destin, Florida

Zip

32541

Country

USA

3. Mailing Address

Abbott Resorts Inc.

Suite, Apt. #, etc.

35000 Emerald Coast Pkwy.

City & State

Destin, Florida

Zip

32541

Country

USA

4. FEI Number

59-3085506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert King

Street Address (P.O. Box Number is Not Acceptable)

35000 Emerald Coast Parkway

City

Destin, FL

FL

Zip Code

32541

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.

Robert King, Association Manager

(NOTE: Registered Agent signature required when reinstating)

DATE

6/3/02

FEE IS \$61.25

Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	D/P Kevin Logan P. O. Box 577 Freeport, FL 32439	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005821523--4 -06/18/02--01079--012 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Robert Cabral 764 Brogdon Road Swanee, GA 30024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Kenneth Lenoir 57 Germantown Court Suite 400 Cordova, TN 38018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Kevin Logan

6/2/02