

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 90714 048 \*\*\*\*61.25

**DOCUMENT # N93000002431**

1. Entity Name

**BIG BEND SALTWATER CLASSIC FOUNDATION, INC.**

Principal Place of Business

**2545 BLAIRSTONE PINES DR  
 TALLAHASSEE FL 32301**

Mailing Address

**2545 BLAIRSTONE PINES DR  
 TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3244400**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAVIS, JIM  
 7175 DYKES ROAD  
 TALLAHASSEE FL 32311**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete  
 NAME **PARKER, SONNY**  
 STREET ADDRESS **RT 5 BOX 235**  
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **V/T** ☐ Change ☒ Addition  
 NAME **Terry MacGraw**  
 STREET ADDRESS **5426 Pinderton Way**  
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **D** ☒ Delete  
 NAME **LYONS, BUD**  
 STREET ADDRESS **2100 NATURAL WELLS DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Sonny Parker**  
 STREET ADDRESS **490 milliner Rd**  
 CITY-ST-ZIP **Perry, FL 32347**

TITLE **D** ☐ Delete  
 NAME **RICHARDSON, ALAN**  
 STREET ADDRESS **1821 FERNANDO DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32307**

TITLE **C** ☒ Change ☐ Addition  
 NAME **Jon Hill**  
 STREET ADDRESS **2651 Bantary Bay Dr.**  
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☒ Delete  
 NAME **PROCTOR, PAUL**  
 STREET ADDRESS **3075 SHAMROCK ST**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Jim Davis**  
 STREET ADDRESS **7175 Dykes Rd.**  
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **S** ☐ Delete  
 NAME **HILL, JON**  
 STREET ADDRESS **2651 BANTRY BAY DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Shawn Abbott**  
 STREET ADDRESS **4951 LOUVINIA DR.**  
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **V** ☐ Delete  
 NAME **DAVIS, JIM**  
 STREET ADDRESS **7175 DYKES RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Chris Whittier**  
 STREET ADDRESS **1176 Green Hill Trace**  
 CITY-ST-ZIP **Tallahassee, FL 32317**

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 an other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-8-02**

Date

**487-8907**

Daytime Phone #

CR2E037 (9/01)