2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 27, 2002 8:00 am Secretary of State DOCUMENT # **N96000005527** 1. Entity Name JAMES P. MORGAN MEMORIAL PARK AND BOTANICAL GARD 05-27-2002 90297 025 ****61.25 Principal Place of Business Mailing Address 1192 MARY LOU LANE 1192 MARY LOU LANE **GULF BREEZE FL 32561** GULF BREEZE FL 32561 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3432990 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable). RANDOL, JAMES A 314 FORT PICKENS ROAD PENSACOLA FL 32561 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (9/01) ☐ Addition NAME RANDOL, JAMES A NAME STREET ADDRESS 314 FORT PICKENS ROAD STREET ADDRESS **CR2E037** CITY-ST-ZIP CITY-ST-ZIP PENSACOLA BEACH FL 32561 TITLE ☐ Delete TITLE ☐ Change Addition NAME GORDON, DOUG NAME STREET ADDRESS 135 SABINE DR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32561 CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME GRIFFITH; BILL NAME STREET ADDRESS 257 Sabiné dr STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH FL 32561 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ■ Addition WEIR, VIKI S STREET ADDRESS 1192 MARY LOU LANE STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL 32561** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGUIRE, MOLLY NAME STREET ADDRESS 102 MATAMOROS STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH FL 32561 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME Morgan, Dorothy NAME

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 ampowered 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

200 PENSACOLA BEACH BLVD

GULF BREEZE FL 32561

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30-02 850-932-964