## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am Secretary of State DOCUMENT # **N96000005740** 1. Entity Name ELLIOTT POINT COMMUNITY GROUP, INC. 05-02-2002 90042 003 \*\*\*\*61.25 Principal Place of Business Mailing Address 35 PRYOR RD S E 35 PRYOR RD SE FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 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 59-3422857 Not Applicable Zip Country 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) **GUARINO, TOUREY M** 35 PRYOR RD SE FT WALTON BEACH FL 32548 City Zip Code FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete X Change (9/04 TITLE Addition GUARINO, JOUREU M NAME GUARINO TOUREY M NAME STREET ADDRESS 35 PRYOR RD SE STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME RUSSELL, BOB NAME STREET ADDRESS 338 BROOKS ST S E STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME russell. June NAME STREET ADDRESS 338 BROOKS ST SE STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PURCELL, BEATTY NAME STREET ADDRESS 204 HOOD AVENUE STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH FL 32548 CITY-ST-ZIP Delete TITLE Change Addition NAME SNOWBALL, ANGELA NAME STREET ADDRESS 349 BROOKS STREET, S.E. STREET ADDRESS CITY-ST-ZIP City-St-ZIP FORT WALTON BEACH FL 32548 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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**FILED**