

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000355

1. Entity Name

THE ARK OF FREEPORT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90073 025 ****61.25

Principal Place of Business WEST BAYLOOP ROAD P.O. BOX 638 FREEPORT FL 32439	Mailing Address WEST BAYLOOP ROAD P.O. BOX 638 FREEPORT FL 32439-0638
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>

6. Name and Address of Current Registered Agent

MOON, T C
 BAYLOOP ROAD
 FREEPORT FL 32439

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE	D MOON, T C <input type="checkbox"/> Delete
NAME	MOON, T C
STREET ADDRESS	BAYLOOP ROAD
CITY-ST-ZIP	FREEPORT FL 32439
TITLE	D BROWN, KENNETH <input checked="" type="checkbox"/> Delete
NAME	BROWN, KENNETH
STREET ADDRESS	RT 8 BOX 984
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	D MOON, DAVID <input type="checkbox"/> Delete
NAME	MOON, DAVID
STREET ADDRESS	PO BOX 491
CITY-ST-ZIP	FREEPORT FL 32439
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D Robert Reeves <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Reeves
STREET ADDRESS	718 27th St
CITY-ST-ZIP	Niceville FL 32578
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Moon **4/25/00** **835-4232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)