

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003096

1. Entity Name

THE SUPER-FANTASTIC FOUNDATION, INC.

Principal Place of Business

1408 BAYTOWNE AVENUE
DESTIN FL 32541

Mailing Address

348 MIRACLE STRIP PKWY S.W.
PARADISE VILLAGE STE 7
FORT WALTON BEACH FL 32548-5200
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3044652

Applied For

Not Applicable

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

NEWMAN, RAYMOND F JR
150 EGLIN PARKWAY N.E.
FT WALTON BEACH FL 32548

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

TITLE D ☐ Delete
NAME HARRELL, KEITH
STREET ADDRESS P.O. BOX 81268
CITY-ST-ZIP ATLANTA GA 30366

TITLE D ☐ Delete
NAME HARRELL, FLORENCE N
STREET ADDRESS 1208 26TH AVENUE EAST
CITY-ST-ZIP SEATTLE WA 98112

TITLE D ☐ Delete
NAME MALLIET, TONI
STREET ADDRESS 111 32ND AVENUE EAST
CITY-ST-ZIP SEATTLE WA 98112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17557 110th Lane S.E.
CITY-ST-ZIP Renton, Wa. 98055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 (770) 451-3190
Date Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90055 046 ****61.25

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DO NOT WRITE IN THIS SPACE