

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001524

1. Entity Name

WALTON COUNTY SNOWBIRDS, INC.

Principal Place of Business

#89 BAIRD ST.
SANTA ROSA BEACH FL 32459-3630

Mailing Address

#89 BAIRD ST.
SANTA ROSA BEACH FL 32459-3630

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

59-3501182

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

WILLIAMS, JACK L
#89 BAIRD ST.
SANTA ROSA BEACH FL 32459-3630

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, RAY 666 W. FERRY ST. #28 BUFFALO NY 14222-1625	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, CAECELIA 0-13648 IRONWOOD DR. N.W. GRAND RAPIDS MI 49544	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALGIE, BOB 22-2780 ROWATT ST. OTTAWA, CANADA CAN K2B- 6P1	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAULT, RITA 465 LINKSIDE DR. DESTIN FL 32541	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WADE, DIANA 349 ARCH DRIVE BUCYRUS OH 44320	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEALL, VALERIE 100 GRACE AVE. FAIRVIEW PA 16415	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CAECELIA 0-13648 IRONWOOD DR. N.W. GRAND RAPIDS, MI 49544	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, MERRILL 2014 TERRACE DR. CEDAR FALLS, IOWA 50613-5800	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARTON, Gene 11661 VISTA DR. MINNETONKA, MN 55343	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Diana Wade REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000

Date

850-650-0835

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90070 018 ****61.25