2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2002 8:00 am § DOCUMENT # N98000001524 **Secretary of State** 03-06-2002 90106 008 ****61.25 WALTON COUNTY SNOWBIRDS, INC. Principal Place of Business Mailing Address #89 RAIRD ST #89 BAIRD ST. SANTA ROSA BEACH FL 32459-3630 SANTA ROSA BEACH FL 32459-3630 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FFI Number 59-3501182 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) WILLIAMS, JACK L #89 BAIRD ST. SANTA ROSA BEACH FL 32459-3630 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRESIDERT Delete Change ☐ Addition TITLE TITLE. GENE BARTON NAME **BROWN, CAECELIA** NAME 11661 VISTA DR. STREET ADDRESS STREET ADDRESS 0-13648 IRON WOOD DR. N.W. CITY-ST-ZIP MINNETONKA, MN 5534 CITY-ST-ZIP GRAND RAPIDS MI 49544 Delete IST V.A ٧D Change ☐ Addition TITLE TITLE FRED ZEGGIL MERRILL, TAYLOR NAME NAME STREET ADDRESS STREET ADDRESS 2014 TERRACE DR. STE, ANN MANITOBA, CANADA RSAIHS CITY-ST-ZIP CITY-ST-ZIP Cedar falls ia 50613-5800 ZND V.P. Delete TITLE TITLE Change | ☐ Addition Rosemary Racine NAME BARTON, GENE NAME 149 WOODVIEW LN. STREET ADDRESS 11661 VISTA DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MINNETONKA MN 55343 Green BAY WI 54301 Delete DIRECTOR TITLE TITLE Addition CRECELIA BROWN NAME **BRAULT, RITA** NAME 0-13648 IRON WOOD DR. N.W. STREET ADDRESS 465 LINKSIDE DR. STREET ADDRESS Grand RAPIDS, MI 49544 CITY-ST-ZIP DESTIN FL 32541 CITY-ST-7IP TD-TREASURER Delete TITLE TITLE Change ☐ Addition CAROLINE A. DEMEE WADE, DIANA NAME NAME 285 PAYNE ST., UNIT 25A STREET ADDRESS 235 PAYNE ST., 15A STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DESTIN FL 32550** DESTIN FL 32550 SD ☐ Delete Change ☐ Addition TITLE TITLE NAME BEALL, VALERIE 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

100 GRACE AVE.

FAIRVIEW PA 16415

STREET ADDRESS

CITY-ST-ZIP

250-650-0835