

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90037 020 \*\*\*150.00

DOCUMENT # P01000084327

1. Entity Name

MID-BAY FOUNTAIN, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

690 Regatta Bay Blvd.

Suite, Apt. #, etc.

3. Mailing Address

4460 Legendary Dr., Ste.

Suite, Apt. #, etc.  
Ste. 400

DO NOT WRITE IN THIS SPACE

City & State  
Destin, FL

City & State  
Destin, FL

4. FEI Number  
59-3740380

Applied For  
Not Applicable

Zip Country  
32541 USA

Zip Country  
32541 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Mitchell W. Legler

Street Address (P.O. Box Number is Not Acceptable)  
300A Wharfside Way

City Jacksonville FL Zip Code 32541

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

|  |   |  |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PACE, FRED D.<br>4460 Legendary Dr., Ste. 400<br>Destin, FL 32541        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BOS, PETER H.<br>4460 Legendary Dr., Ste. 400<br>Destin, FL 32541        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/T<br>BUSFIELD, DAVID A.<br>4460 Legendary Dr., Ste. 400<br>Destin, FL 32541 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PARKER, WENDY<br>4460 Legendary Dr., Ste. 400<br>Destin, FL 32541        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wendy Parker*

Wendy Parker

4/25/02

(850) 337-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #