2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000023335

1. Entity Name

SNOWBIRD MANAGEMENT, INC.



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90734 047 ***150.00

Principal Place of Business 2818 TOLWORTH AVENUE ORLANDO FL 32837		Mailing Address POST OFFICE BOX 770933 ORLANDO FL 32877					j	ē		
2. Principal Place of Business		3. Mailing Address					i telia ilea	(1103 11101		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	FEI Number	04000% Applied For Not Applicate]
Zip Country		Zip		Country		Certificate of Status Desired	\$8.75 Additional Fee Required		litional	1
	6: Name and Address of Current	Registere	ed Agent		7	Name and Address of New Regist		<u>.</u>		1
		g		Name						1
BURGESS, CHARLES J JR.			0:	(0.0.)	0 11 1 1 11 11 11 11 11 11 11 11 11 11 1				4	
	WORTH AVENUE			Street A	ddress (P.O. I	Box Number is Not Acceptable)				
ORLANDO FL 32837									1	
				City			FL	Zip Cod	9	1
8. The above	named entity submits this statement for	or the purn	ose of changing its re	nistered office or	registered ar	gent, or both, in the State of Florida		iliar with	and accept	-
	tions of registered agent.	pa.p	or or origing to re	giotoroa amos o	109.0.0.00	gorin, ar bown, in my blade ar rionda.				
0.01.47.105										
SIGNATURE.	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTÉ: R	egistered Agent signat	ure required when	reinstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00					,				1
After May 1, 2003 Fee will be \$550.00		,				Election Campaign Financin Trust Fund Contribution	9 🗆		May Be	
∦ake Check	c Payable to Florida Department o	f State				Trust Fund Contribution.		Added	to Fees	
10.	OFFICERS AND	DIRECTO	irs	11.	Al	DDITIONS/CHANGES TO OFFICERS	S AND DI	RECTORS	3 IN 11	1.
TITLE	D		☐ Delete	TITLE] Change	Addition	(60)
NAME	BURGESS, CHARLES J JR.			NAME						110
STREET ADDRESS	2818 TOLWORTH AVENUE			STREET ADDRESS						2
CITY-ST-ZIP	ORLANDO FL 32837			CITY-ST-ZIP						- <u> </u>
TITLE	D BURGERS BATRICIA A		☐ Delete	TITLE			L.] Change	☐ Addition	2
NAME STREET ADDRESS	BURGESS, PATRICIA A 2818 TOLWORTH AVENUE			NAME STREET ADDRESS						}
CITY-ST-ZIP	ORLANDO FL 32837			CITY-ST-ZIP						
TITLE " "	D		~ · · □ · Delete · · · = ·	TITLE		and the second s		Change	_	1
NAME	BURGESS, CHARLES J III		□ Detete	NAME	Ebrasona Ebrasona		~	1 Ontango	- I Addition	1
STREET ADDRESS	1937 C. KENWERE DRIVE			STREET ADDRESS		SS, CHARLES J III				1
CITY-ST-ZIP	MCDILL AFB FL 33621			CITY-ST-ZIP		3 вох 3801 ? 96 32 6				
TITLE	D		☐ Delete	TITLE	D D	70720	X	Change	Addition	
NAME	BURGESS, CHONG HWA			NAMÉ	-	CC CUONC ULA	•			
STREET ADDRESS	1937 C. KENWERE DRIVE			STREET ADDRESS		SS, CHONG HWA				
CITY-ST-ZIP	MCDILL AFB FL 33621			CITY-ST-ZIP	ŀ	BOX 3801 2 96326				1
TITLE			☐ Delete	TITLE	AFU AF	30320] 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 607, 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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

March 6, 03 407-888-8684

☐ Change

☐ Addition