2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P94000069921** 1. Entity Name THE CHOCTAWHATCHEE BAY COMPANY, INC. 03-15-2000 90084 006 ***150.00 Principal Place of Business Mailing Address 117 RACETRACK ROAD SUITE 302 10 STAFFORD CIRCLE FT WALTON BEACH FL 32547 FT WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3269526 Not Applicable Zip Zip 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 MUNSON, PHILLIP D Street Address (P.O. Box Number is Not Acceptable) 10 STAFFORD CIRCLE FT WALTON BEACH FL 32547 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Change ☐ Addition TITLE ☐ Delete MUNSON, PHILLIP D NAME NAME STREET ADDRESS STREET ADDRESS 10 STAFFORD CIRLCE CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32547-1697 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOLNAR, RANDALL M NAME NAME STREET ADDRESS STREET ADDRESS 2240 WAVERLY CIRCLE CITY-ST-7IP CITY-ST-ZIP **WARRINGTON PA 18976** Change Addition TITLE TITLE Delete MUNSON, JUDITH H. NAME NAME STREET ADDRESS STREET ADDRESS 10 STAFFORD CIRCLE CITY-ST-7IP CITY-ST-ZIP FT WALTON BCH FL 32547 Change Addition TITLE □ Delete TITLE MOLNAR, VALERIE NAME STREET ADDRESS STREET ADDRESS 2240 WAVERLY CIRCLE CITY-ST-ZIP CITY-ST-ZIP **WARRINGTON PA 18976** TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/00

850 862 7820

Daylime Phone #