

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

DOCUMENT #

1. Entity Name

ARROWHEAD CAMPSITES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 23 PM 2:34

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4820 East Highway 90

3. Mailing Address

4820 East Highway 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marianna, FL

City & State

Marianna, FL

4. FEI Number

59-3424582

Applied For

Not Applicable

Zip

32446

Country

Zip

32446

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Leigh R. Carraway

Street Address (P.O. Box Number is Not Acceptable)

4820 East Highway 90

City

Marianna

FL

Zip Code

32446

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 Leigh R. Carraway

PRESIDENT

Sept. 19, 2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/ST/D
Leigh R. Carraway
4820 East Highway 90
Marianna, FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
Charles E. Carraway
4820 East Highway 90
Marianna, FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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: Leigh R. Carraway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/03 (850)482-5583

Date

Daytime Phone #

CR2E034B (12/01)