2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am Secretary of State DOCUMENT # P99000025556 1. Entity Name 03-03-2002 90059 012 ***150.00 LITTLE RIVER LODGE, INC. Principal Place of Business Mailing Address #1 BUCK PHILLIPS ROAD POST OFFICE BOX 18725 LITTLE RIVER AL 36550 PENSACOLA FL 32523-8725 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2459186 Not Applicable Zip 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 FITE, DONNA L Street Address (P.O. Box Number is Not Acceptable) **163 LEPORT DRIVE** PENSACOLA BEACH FL 32561 City 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change Addition FITE, DONNA L NAME NAME **163 LEPORT DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA BEACH FL 32561 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change UPCHURCH, JUDITH NAME NAME STREET ADDRESS 3751 INDUSTRIAL PARK DRIVE STREET ADDRESS CITY-ST-ZIP MOBILE AL 36693 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 192 BALL COM CITY-ST-ZIP CITY-ST-ZIP Line Parison I TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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DONNA L. FITE

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

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