

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91603 019 \*\*\*\*61.25

**DOCUMENT #** N00000004077  
1. Entity Name  
**PACE AREA RECREATION FOR KIDS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4960 Forest Creek Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>4960 Forest Creek Drive</b> Suite, Apt. #, etc.
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City & State <b>Pace, FL</b>	City & State <b>Pace, FL</b>
Zip <b>32571</b>	Country <b>USA</b>
Zip <b>32571</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3652364</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>Mary Stewart Fortune</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4960 Forest Creek Drive</b>
City <b>Pace</b> <b>FL</b> Zip Code <b>32571</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Mary Stewart Fortune</b> <b>4960 Forest Creek Drive</b> <b>Pace, FL 32571</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>Kelly Labomard</b> <b>3629 Sweet Bay Drive</b> <b>Pace, FL 32571</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Terry L. Fortune</b> <b>4960 Forest Creek Drive</b> <b>Pace, FL 32571</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Stephen Shell</b> <b>102 Royal Pines Drive</b> <b>Pace, FL 32571</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Kelly Labomard*      **5/23/02**      **850 995-9707**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037B (12/01)