

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90039 035 ****61.25

DOCUMENT # 702348

1. Entity Name
OKALOOSA-WALTON BAR ASSOCIATION, INC.

Principal Place of Business 25 WATER MARTIN RD NE FT WALTON BCH FL 32548 US		Mailing Address PO BOX 22379 FT. WALTON BEACH FL 32549 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent WELLS, KELVIN C. 25 WALTER MARTIN RD NE FT. WALTON BEACH FL 32548		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPBELL, JAMES C. 184 EGLIN PARKWAY N.E. SUITE 2 FT. WALTON BEACH FL 32548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D ☒ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, ALICE H. 3 CLIFFORD DR. SHALIMAR FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUGHT, BRUCE 501 HWY 98 E, STE G DESTIN FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADDEN BOWDEN, GINGER OKALOOSA CNTY COURTHOUSE ANNEX SHALIMAR FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D ☒ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D Timothy Shaw 207 Florida Place, SE Fort Walton Beach, FL 32549 ☐ Change ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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 Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **2/4/00 (850) 651-9313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR