

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725862

1. Entity Name

BAY POINT GOLF VILLAS II ASSOCIATION INC

Principal Place of Business

BAY POINT
BOX 9368
PANAMA CITY FL 32417-9368

Mailing Address

BAY POINT
BOX 9368
PANAMA CITY FL 32417-9368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1513453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAFF JR, M A
BAY POINT
PANAMA CITY FL 32411

Name

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

City

FL

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)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TAFF, M.A. JR.
STREET ADDRESS BAY POINT ROAD #459
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME MILLS, JAMES
STREET ADDRESS BAY POINT ROAD, #453
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME MORRIS, JOE
STREET ADDRESS BAY POINT ROAD #442
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE TD
NAME MORRIS, JOE
STREET ADDRESS Bay Point Road #442
CITY-ST-ZIP Panama City, FL

☒ Change

☐ Addition

TITLE VD
NAME ROBERTSON, WILLIAM
STREET ADDRESS 116 ROBERT E LEE WAT
CITY-ST-ZIP EUFALE AL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE SD
NAME Beville, Barbara
STREET ADDRESS Bay Point Road, #454
CITY-ST-ZIP Panama City, FL

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR
MA. Taff, Jr.

2/16/02

850-234-7802

Date

Daytime Phone #

CR2E037 (9/01)