

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90001 047 ****61.25

DOCUMENT # 737320

1. Entity Name

PANAMA CITY-BAY COUNTY HOME BUILDERS ASSOCIATION

Principal Place of Business

Mailing Address

2428 LISENBY AVENUE
 P.O. BOX 979
 PANAMA CITY FL 32402

2428 LISENBY AVENUE
 P.O. BOX 979
 PANAMA CITY FL 32402-0979

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1584523

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JERRY FULCHER, EXECUTIVE OFFICER
2428 LISENBY AVENUE
PANAMA CITY BCH FL 32405

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

Jerry J. Fulcher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6 JAN 00

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	V	<input type="checkbox"/> Delete
NAME	LEDMAN, BILL	
STREET ADDRESS	VAY POINT, BOX 27267	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HADDOCK, BILL	
STREET ADDRESS	2305 HIGHWAY 77	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, JOHN	
STREET ADDRESS	109 LAKE PLACE	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLADSTONE, TOM	
STREET ADDRESS	2810 GORDON ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTZOG, CULLEN	
STREET ADDRESS	111 FLORIDA AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUTHRIE, ALLEN	
STREET ADDRESS	129 BAYOU DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allen Guthrie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 JAN 00

Date

Daytime Phone #

CR2E037 (9/99)