

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90018 034 ****61.25

DOCUMENT # 737320

1. Entity Name

PANAMA CITY-BAY COUNTY HOME BUILDERS ASSOCIATION, INC.



Principal Place of Business

**2428 LIENBY AVENUE
P.O. BOX 979
PANAMA CITY FL 32402**

Mailing Address

**2428 LIENBY AVENUE
P.O. BOX 979
PANAMA CITY FL 32402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1584523**

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

**JERRY FULCHER, EXECUTIVE OFFICER
2428 LIENBY 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D LEDMAN, BILL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	VAY POINT, BOX 27267	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete	D HADDOCK, BILL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2305 HIGHWAY 77	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete	D CRAWFORD, JOHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	109 LAKE PLACE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete	P GLADSTONE, TOM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2810 GORDON ST	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete	D HARTZOG, CULLEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	111 FLORIDA AVE	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	CITY-ST-ZIP	
<input type="checkbox"/> Delete	D GUTHRIE, ALLEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	129 BAYOU DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 JAN 03 785-2019

CR2E037 (10/02)