

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90189 036 \*\*\*\*61.25

**DOCUMENT # 756215**

1. Entity Name

**PANAMA CITY GEM & MINERAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 35953  
 PANAMA CITY FL 32412-5953

P.O. BOX 35953  
 PANAMA CITY FL 32412-5953

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANE, CURTIS G**  
**911 BRANDEIS AVENUE**  
**PANAMA CITY FL 32401**

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  Delete  
 NAME **KAIN, JOHN**  
 STREET ADDRESS **829 S. HIGHLINE DR**  
 CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ZAR, ALLAN**  
 STREET ADDRESS **1204 E. 3RD ST**  
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **WHITTINGTON, GWEN**  
 STREET ADDRESS **2102 BROOKHILL RD**  
 CITY-ST-ZIP **DOTHAN AL 36301**

TITLE  Change  Addition  
 NAME **s/d Joan Lambert**  
 STREET ADDRESS **920 Yorktown Rd**  
 CITY-ST-ZIP **Dothan, AL 36301**

TITLE  Delete  
 NAME **ALLDREDGE, RUTH**  
 STREET ADDRESS **316 CHERRY ST. #38**  
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/02 (850) 784-0740  
 Date Daytime Phone #

CR2E037 (9/01)