

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90072 035 ****61.25

DOCUMENT # 756215

1. Entity Name
PANAMA CITY GEM & MINERAL SOCIETY, INC.



Principal Place of Business
P.O. BOX 35953
PANAMA CITY FL 32412-5953

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



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1204 E. 3RD ST
Suite, Apt. #, etc.

3. Mailing Address
1204 E. 3RD ST
Suite, Apt. #, etc.

City & State
PANAMA CITY FL
Zip
32401
Country
USA

City & State
PANAMA CITY FL
Zip
32401
Country
USA

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

BANE, CURTIS G
911 BRANDEIS AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAIN, JOHN 829 S. HIGHLINE DR PANAMA CITY FL 32404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAR, ALLAN 1204 E. 3RD ST PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMBERT, JOAN 920 YORKTOWN RD DOTHAN AL 36301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLDREDGE, RUTH 316 CHERRY ST. #38 PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERB WHITTINGTON 2102 BROOKHILL ROAD DOTHAN AL 36301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURTIS G BANE 911 BRANDEIS AVE PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESLIE A. KAIN 829 S. HIGHLINE TR PANAMA CITY FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Leslie A. Kain **SIGNATURE REQUIRED** LESLIE A. KAIN 1/25/03 (850) 874-8231

CR2E037 (10/02)