

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04437

1. Entity Name

THE ADVISORY COMMITTEE FOR URBAN REVITALIZATION

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90012 032 ****61.25

Principal Place of Business

Mailing Address

920 CENTER AVENUE
 P.O. BOX 30002
 PANAMA CITY FL 32401-4525

920 CENTER AVENUE
 P.O. BOX 30002
 PANAMA CITY FL 32401-4525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRUCE, JOHN T., SR.
 920 CENTER 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
After September 13, 2000 min. will be \$236.25

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: D/M
 NAME: BRUCE, JOHN T., SR. Delete
 STREET ADDRESS: 920 CENTER AVE
 CITY-ST-ZIP: PANAMA CITY FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: SD
 NAME: MARSHALL, CHARLOTTE Delete
 STREET ADDRESS: 208 N MACARTHUR AVE
 CITY-ST-ZIP: PANAMA CITY FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD
 NAME: HINES, MYRON Delete
 STREET ADDRESS: 1023 E 14TH ST
 CITY-ST-ZIP: PANAMA CITY FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D
 NAME: SMITH, COLUMBUS Delete
 STREET ADDRESS: 1002 KIRKLAND AVE
 CITY-ST-ZIP: PANAMA CITY FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: DC
 NAME: GRADY, MICHAEL Delete
 STREET ADDRESS: 6020 CHERRY STREET
 CITY-ST-ZIP: PANAMA CITY FL 32404

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D
 NAME: MINCEY, ELLA Delete
 STREET ADDRESS: 8149 BETTY LOUISE DRIVE
 CITY-ST-ZIP: PANAMA CITY FL 32404

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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)(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:

Charlotte Y. Marshall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

Date

850 769-3698

Daytime Phone #

CR2E037 (5/00)