

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90004 010 \*\*\*\*61.25

**DOCUMENT # N04437**

1. Entity Name

**THE ADVISORY COMMITTEE FOR URBAN REVITALIZATION**

Principal Place of Business

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

Mailing Address

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

**A0074491**



DO NOT WRITE IN THIS SPACE

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

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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D/M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, JOHN T., SR.	NAME	
STREET ADDRESS	920 CENTER AVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, CHARLOTTE	NAME	
STREET ADDRESS	208 N MACARTHUR AVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, MYRON	NAME	
STREET ADDRESS	1023 E 14TH ST	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, COLUMBUS	NAME	
STREET ADDRESS	1002 KIRKLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRADY, MICHAEL	NAME	DC Sharon J. Sheffield
STREET ADDRESS	6020 CHERRY STREET	STREET ADDRESS	1508 Wisconsin Ave.
CITY-ST-ZIP	PANAMA CITY FL 32404	CITY-ST-ZIP	Lynn Haven, FL. 32401
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINCEY, ELLA	NAME	
STREET ADDRESS	8149 BETTY LOUISE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	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: *Sharon J. Sheffield* **Sharon J. Sheffield 6-17-01 850 265-3861**

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CR2E037 (10/00)