

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39383

1. Entity Name

UNITARIAN-UNIVERSALIST FELLOWSHIP OF BAY COUNTY,

Principal Place of Business

Mailing Address

1900 W 11TH STREET
@ FLOWER AVENUE
PANAMA CITY FL 32401
US

PO BOX 15038
PANAMA CITY FL 32406-5038
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, NANCY
1218 MARIE ANNE BLVD.
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 PD ☐ Delete
NAME ROBERTS, NANCY
STREET ADDRESS 1218 MARIE ANNE BLVD.
CITY-ST-ZIP PANAMA CITY FL 32401

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

TITLE VD ☐ Delete
NAME MYERS, HARRIET
STREET ADDRESS 815 COLORADO AVENUE
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE TD ☒ Delete
NAME CRONIN, DANIEL
STREET ADDRESS 949 CAROL CT
CITY-ST-ZIP CHIPLEY FL

TITLE TD ☒ Change ☐ Addition
NAME CRONIN, DANIEL
STREET ADDRESS 3540 TOKEN RD
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE SD ☒ Delete
NAME KELLOGG, CHERYL
STREET ADDRESS 105 N. COVE TERR.
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE SD ☐ Change ☒ Addition
NAME MEDLEY, SUE
STREET ADDRESS 322 BURKETT DR, APT 1A
CITY-ST-ZIP PANAMA CITY, FL 32406

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:

Daniel F. Cronin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 (850) 769-4438

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90082 042 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)