


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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90144 013 \*\*\*\*61.25

**DOCUMENT # N97000002021**

1. Entity Name  
**BAY AICE PARENTS, INC.**




Principal Place of Business  
**1200 HARRISON AVE.  
PANAMA CITY FL 32401**

Mailing Address  
**1200 HARRISON AVE.  
PANAMA CITY FL 32401**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

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**

**MCCAULEY, CARROLL L**  
**36 OAK AVE.**  
**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 \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEIN, BARBARA	
STREET ADDRESS	3315 HARBOUR PLACE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCQUAIG, CYNTHIA	
STREET ADDRESS	2861 TUPELO DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARROLL, KIM	
STREET ADDRESS	3311 S HARBOUR CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becky Palmer	
STREET ADDRESS	513 Parkwood Drive	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kerrie Beasley	
STREET ADDRESS	2859 Tupelo Drive	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Greene	
STREET ADDRESS	2817 Longleaf Road	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kerrie Beasley 1/28/03 (850) 769-1459

CR2E037 (10/02)