

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701446

1. Entity Name

BAY COUNTY PUBLIC LIBRARY ASSOCIATION, INC..

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90056 005 ****61.25

Principal Place of Business

Mailing Address

25 WEST GOVERNMENT ST
POB 59625
PANAMA CITY FL 32412-0625
US

25 WEST GOVERNMENT ST
POB 59625
PANAMA CITY FLA 32412-0625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0870182

Applied For

Not Applicable

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

VICKERY, GEORGE W.
614 E FIRST COURT
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 **TD** ☐ Delete
NAME **HAMM, JACK**
STREET ADDRESS **235 S. COVE TERR. DR.**
CITY-ST-ZIP **PANAMA CITY, FL 00000**

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

TITLE **SD** ☐ Delete
NAME **HUTCHISON, EDWARD**
STREET ADDRESS **2703 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LYNN HAVEN FL**

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

TITLE **D** ☐ Delete
NAME **PECK, HELEN**
STREET ADDRESS **2514 PRETTY BAYOU ISLD**
CITY-ST-ZIP **PANAMA CITY, FL 00000**

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

TITLE **D** ☐ Delete
NAME **SCHAD, ROGER**
STREET ADDRESS **1011 ALABAMA AVENUE**
CITY-ST-ZIP **LYNN HAVEN FL**

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

TITLE **D** ☐ Delete
NAME **CHESHIRE, JOHN**
STREET ADDRESS **463 SUDDUTH AVE.**
CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **D** ☐ Delete
NAME **MORTLAND, DONNA K.**
STREET ADDRESS **100 CHERRY ST. #603**
CITY-ST-ZIP **PANAMA CITY FL**

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: *Robert Dougherty* **Robert Dougherty, Chairman**

01/19/2000

850-872-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)