

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708916

1. Entity Name

BOYS & GIRLS CLUBS OF BAY COUNTY, INC.

Principal Place of Business

3404 WEST 19TH STREET
PANAMA CITY FL 32405-1500

Mailing Address

3404 WEST 19TH STREET
PANAMA CITY FL 32405-1500

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1114292

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILLARAMO, CHARLOTTE A
4035 NAPOLI RD.
PANAMA CITY FL 32405

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.

SIGNATURE

Charlotte Ann Filloramo Charlotte-Ann Filloramo 4-25-01

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

TITLE	VPD	☐ Delete
NAME	BOZARTH, JOHN	
STREET ADDRESS	100 CHERRY ST. UNIT #2	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	☐ Delete
NAME	SHERMAN, TOM	
STREET ADDRESS	501 W 19TH ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PPD	☒ Delete
NAME	TOLSON, DEREK	
STREET ADDRESS	3418 COUNTRY CLUB CT	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VPD	☐ Delete
NAME	BLACK, BILL	
STREET ADDRESS	1904 CONNECTICUT AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VPD	☒ Delete
NAME	BRALEY, LINK	
STREET ADDRESS	6031 ENZOR ST	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	SD	☐ Delete
NAME	WALBY, EMILY	
STREET ADDRESS	4524 TROPICAL DR.	
CITY-ST-ZIP	PANAMA CITY FL 32404	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	☒ Change ☐ Addition
NAME	Black, Bill	
STREET ADDRESS	2555 Huntcliff Lane	
CITY-ST-ZIP	Panama City FL 32405	
TITLE	VPD	☐ Change ☒ Addition
NAME	Berry, Eric	
STREET ADDRESS	4131 W. 20th Court	
CITY-ST-ZIP	Panama City FL 32405	
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:

Tom Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

1-850-769-9491

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90442 039 ****70.00

60062162



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)