

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90114 027 ****61.25

DOCUMENT # 713011

1. Entity Name

PANAMA CITY SWIM AND TENNIS CLUB, INC.

Principal Place of Business

Mailing Address

HWY 390
P O BOX 38
LYNN HAVEN FL 32444

HWY 390
P O BOX 38
LYNN HAVEN FL 32444-0038

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

59-1541883

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

Name **Don**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TAYLOR, DAN
212 VIRGINIA AVE
LYNN HAVEN FL 32444

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

4-19-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	T			
	D'Aoust, ROCH			
	2143 BRIAWOOD CIRCLE			
	PANAMA CITY FL 32405			
	PD			
	TAYLOR, DON			
	212 VIRGINIA AVE			
	LYNN HAVEN FL 32444			
	VPD			
	BASSETT, KAREN			
	2643 FEROL LN			
	PANAMA CITY FL 32444			
	SD			
	PERCY, PAM			
	3010 W 20TH CT			
	PANAMA CITY FL 32405			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-2000 850-265-9424

CR2E037 (9/99)