

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 717476**

1. Entity Name  
 BUILDING INDUSTRY ASSOCIATION OF OKALOOSA-WALTON COUNT  
 IES, INC.

Principal Place of Business		Mailing Address	
1980 LEWIS TURNER BLVD		1980 LEWIS TURNER BLVD	
FORT WALTON BEACH	FL	FORT WALTON BEACH	FL
325471217		325471217	

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1900233**

Applied For  
 Not Applicable

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

PATTERSON MALCOLM L  
 1480 LEWISTURNER BLVD.  
 FORT WALTON BEACH FL  
 32547 US

Name  
 PATTERSON MALCOLM L  
 Street Address (P.O. Box Number is Not Acceptable)  
 1980 LEWIS TURNER BLVD.  
 City  
 FORT WALTON BEACH FL Zip Code  
 32547

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 \_\_\_\_\_ DATE **04/25/2001**

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	D	<input type="checkbox"/> Delete
NAME	PATTERSON MALCOLM L	
STREET ADDRESS	1980 LEWIS TURNER BLVD.	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SIMS SANDY	
STREET ADDRESS	1057 JOHN SIMS PKWY.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOFF RICK L.	
STREET ADDRESS	4980 S FERDON BLVD	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DALTON JOHN	
STREET ADDRESS	P.O. BOX 1671	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CREWS TERRY L	
STREET ADDRESS	11714 W EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON MALCOLM L	
STREET ADDRESS	1980 LEWIS TURNER BLVD.	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON CARALEE	
STREET ADDRESS	15 INDUSTRIAL ST. NW	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER LYMAN S	
STREET ADDRESS	447 VALPARAISO PARKWAY	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON JOHN	
STREET ADDRESS	P.O. BOX 1671	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS TERRY L	
STREET ADDRESS	P.O. BOX 6247	
CITY-ST-ZIP	DESTIN FL 32550	
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)(f), 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:** MALCOLM L. PATTERSON MD 04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)