

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726833

1. Entity Name

BAHIA PAZ ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90017 045 ****61.25

Principal Place of Business

Mailing Address

101 AVENIDA 23
PENSACOLA BEACH FL 32561
US

101 AVENIDA 23
PENSACOLA BEACH FL 32561-2311
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3423384

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAY & KIEVIT P A
15 WEST MAIN STREET
PENSACOLA FL 32501

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 PD ☐ Delete
NAME QUAY, THOMAS
STREET ADDRESS 115 AVE 23RD
CITY-ST-ZIP PENSACOLA BEACH FL 32561

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

TITLE D ☒ Delete
NAME BARFIELD, CLEMENT
STREET ADDRESS 4140 MENENDEZ DR
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Change ☒ Addition
NAME **EVD**
STREET ADDRESS **COFFEY, EUGENE**
CITY-ST-ZIP **1541 VIA DELUNA**
PENSACOLA BEACH, FL 32561

TITLE TSD ☐ Delete
NAME KUEUL, KATHLEEN
STREET ADDRESS 1137 SAWGRASS DR.
CITY-ST-ZIP GULF BREEZE FL 32561

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

TITLE D ☒ Delete
NAME COPLEY, EUGENE
STREET ADDRESS 1541 VIA DELUNA
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **RYLAND, PAM**
CITY-ST-ZIP **1549 VIA DELUNA**
PENSACOLA BEACH, FL 32561

TITLE D ☐ Delete
NAME CLOE, DAVID
STREET ADDRESS 113 AVENIDA 23
CITY-ST-ZIP PENSACOLA BEACH FL 32561

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

THOMAS W. QUAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

850-932-2854

Date

Daytime Phone #

CR2E037 (9/99)