# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 28, 2002 8:00 am**
**Secretary of State**
05-28-2002 91718 030 ****61.25

DOCUMENT # 726833

1. Entity Name

BAHIA PAZ ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 101 AVENIDA 23<br>PENSACOLA BEACH FL 32561<br>US | 101 AVENIDA 23<br>PENSACOLA BEACH FL 32561<br>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 | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3423384 ☐ 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 |
|---|---|
| RAY & KIEVIT P A<br>15 WEST MAIN STREET<br>PENSACOLA FL 32501 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>QUAY, THOMAS<br>115 AVE 23RD<br>PENSACOLA BEACH FL 32561 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>~~DENISE~~ ANDREWS, DENISE<br>103 AVENIDA 23<br>PENSACOLA BEACH FL 32561 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>COPLEY, EUGENE<br>1541 VIA DELUNA<br>PENSACOLA BEACH FL 32561 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>~~LYNN~~ FISHER, LYNN<br>1511 VIA DE LUNA<br>PENSACOLA BEACH FL 32561 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>BARFIELD, SHEILA K<br>4400 BAYOU BLVD, 23-C<br>PENSACOLA FL 32503 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BARFIELD, SHEILA K<br>4400 BAYOU BLVD, 23-C<br>PENSACOLA 32503 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RYLAND, PAM<br>1549 VIA DELUNA<br>PENSACOLA BEACH FL 32561 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WHITE, TOM<br>121 AVENIDA 23<br>PENSACOLA BEACH, FL 32561 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLOE, DAVID<br>113 AVENDIA 23<br>PENSACOLA BEACH FL 32561 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COSTA, JOHN<br>109 AVENIDA 23<br>PENSACOLA BEACH, FL 32561 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>QUAY, THOMAS<br>115 AVENIDA 23<br>PENSACOLA BEACH FL 32561 | ☑ Change ☐ Addition |

CR2E037 (9/01)

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 April 30th 02 850-932-2854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #