

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731444

1. Entity Name

SERENITY JUNCTION, INCORPORATED OF PANAMA CITY

Principal Place of Business

922 JENKS AVE.  
PANAMA CITY FL 32401  
US

Mailing Address

PO BOX 1881  
PANAMA CITY FL 32402-1881  
US

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

59-1701355

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

GADDIE, DONALD  
826 BRANDEIS AVE  
PANAMA CITY FL 32405

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 BARNES, SIDNEY  
STREET ADDRESS 5928 STEPHANIE DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE TD ☐ Change ☒ Addition  
NAME ~~TD~~ TOBIAS, RICHARD  
STREET ADDRESS 2810 W. 28TH CT.  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE VPD ☐ Delete  
NAME POPE, LUCIUS B.  
STREET ADDRESS 1016 W 12TH CT  
CITY-ST-ZIP PANAMA CITY FL

TITLE VPD ☐ Change ☒ Addition  
NAME ~~VPD~~ JINKS, SKIPPER  
STREET ADDRESS 607 W. 11TH ST.  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE VPD ☒ Delete  
NAME WARE, RUBY  
STREET ADDRESS 24 HARRISON AVENUE  
CITY-ST-ZIP PANAMA CITY FL 32401

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

TITLE TD ☒ Delete  
NAME GADDIE, DONALD W  
STREET ADDRESS 826 BRANDEIS AVE  
CITY-ST-ZIP PANAMA CITY FL

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

TITLE SD ☐ Delete  
NAME KRAKKER, BELINDA  
STREET ADDRESS 409 SCHOOL AVE B6  
CITY-ST-ZIP SPRINGFIELD FL 32401

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Richard B. Tobias* REQUIRED *Richard B. Tobias* (850) 913-1560 2/17/00

CR2E037 (9/99)