

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 735680**

1. Entity Name

**BAY COUNTY INDEPENDENT INSURERS, INC.****FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90199 049 \*\*\*\*61.25

0015794

Principal Place of Business

P O BOX 561  
PANAMA CITY FL 32402-8120

Mailing Address

P O BOX 561  
PANAMA CITY FL 32402-8120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MCKENZIE, ANDREW N  
652 JENKS AVENUE  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
HUTT, TREY  
3106 W 23RD ST  
PANAMA CITY FL 32405 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
COLEMAN, JOANNE B  
701 JENKS AVE 205 W. 7th St  
PANAMA CITY FL 32401 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
HANKS, JANICE  
2424 JENKS AVE 101 Harrison Av  
PANAMA CITY FL 32405 32401 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secy/Treas  
Camilla W Stewart  
2424 Jenks Av.  
Panama City FL 32405-4908 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

Camilla W Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

850-769-5215

Daytime Phone #

CR2E037 (10/00)