

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 07, 2002 8:00 am
Secretary of State

02-18-2002 90177 038 ****61.25

DOCUMENT # 735680

1. Entity Name

BAY COUNTY INDEPENDENT INSURERS, INC.

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 & State

City & 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

7. Name and Address of New Registered Agent

**MCKENZIE, ANDREW N
652 JENKS AVENUE
PANAMA CITY FL 32401**

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 **ST Vice Pres. / Director** ☐ Delete
NAME **STEWART, CAMILLA W**
STREET ADDRESS **2424 JENKS AV.**
CITY-ST-ZIP **PANAMA CITY FL 32405-4908**

TITLE **STD** ☒ Delete
NAME **COLEMAN, JOANNE B**
STREET ADDRESS **701 JENKS AVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **ST PRES / Director** ☐ Delete
NAME **HANKS, JANICE**
STREET ADDRESS **2424 JENKS AVE - 2305 Hwy 97**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V.P.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **PRES.** ☒ Change ☐ Addition
NAME **HANKS, JANICE**
STREET ADDRESS **2305 Hwy 97**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **Sec. 1. Trea. / Director** ☐ Change ☒ Addition
NAME **Eve Tooley**
STREET ADDRESS **2305 Hwy 97**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Change ☐ Addition
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)(l), 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 JANICE HANKS 1-31-02 770-7029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)