## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # 741615** Feb 21, 2002 8:00 am Secretary of State 1. Entity Name PANAMA CITY DIVE CLUB, INC. 02-21-2002 90044 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 7213 EMERSON DR 7219 EMERSON DR P. O. BOX 4636 P. O. BOX 4636 PANAMA CITY FL 92408-PANAMA CITY FL 32408-2. Principal Place of Business P.O. BOX 4636 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2250006 Applied For City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAILEY, KATE B 120 GRAND HERON DRIVE PANAMA CITY BEACH FL 32407 Zip Code City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Dive Director Chan Lipscomb 113 Grand Heron Dr. Panama City Beach FL Newsletter Director TITLE\_ D Change TITLE ☐ Detete JENKINS, WALLY T NAME NAME 7213 EMERSON DR STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL CITY-ST-ZIP CITY-ST-ZIP SD Delete TITLE YAROSZ, BARBARA NAME Bruce Fertal NAME 2208 COUNTRY CLUB DR. 1608 Hope Circle STREET ADDRESS STREET ADDRESS Panama City Beach, LYNN HAVEN FL 32444 CITY-ST-ZIP CITY-ST-7IP Treasurer Delete TITLE TITLE Kate B. Dailey 120 Grand Heron L PURER, AL NAME NAME 306 VIRGINIA AVE STREET ADDRESS STREET ADDRESS LYNN HAVEN FL CITY-ST-ZIP CITY-ST-ZIP DP ☐ Addition Delete TITLE TITLE LOGSDON, BILL NAME NAME 189 TREASURE PALM DR. STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-7IP CITY-ST-ZIP DVP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BROWN, SHIRLEY NAME NAME 101 VILLA CT. STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32413 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.