2000 UNIFORM BUSINESS REPORT (UBR) 3/3 May 16, 2000 8:00 am Secretary of State DOCUMENT # **744438** BAY ARTS ALLIANCE, INC. 03-03-2000 90012 039 ****61.25 Principal Place of Business Mailing Address **B HARRISON AVENUE B HARRISON AVENUE** PO BOX 1153 PO BOX 1153 PANAMA CITY FL 32402 PANAMA CITY FL 32402-1153 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1850105 Not Applicable Zip_ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Denjamin O. Box Number is PAYNE II, WILLIAM H. Harrison avenue 8 HARRISON AVENUE PANAMA CITY FL 32401 anama 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. Benjamin SIGNATURE: 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 · OFFICERS AND DIRECTORS 10. TD ☐ Delete TITLE Change Addition TITLE VANLANDINGHAM, ROBERT NAMÉ STREET ADDRESS STREET ADDRESS **509 HARRISON AVE** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 Addition ☐ Delete President D) Nancy Walker 6200! South Lagoon Panama City Beach, Past President Bob Pell WALKER, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 6200 SOUTH LAGOON CITY-ST-ZIP CHY-ST-ZIP PANAMA CITY BEACH FL 32408 PPD Delete THE Addition X) TITLE NAME Looker, Jim NAME STREET ADDRESS STREET ADDRESS 638 HARRISON AVENUE City-ST-ZIP CITY-ST-ZIF PANAMA CITY FL 32401 Addition TITLE PD Delete TITLE NAME PELL, ROBERT NAME STREET ADDRESS STREET ADDRESS **8 HARRISON AVENUE** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME

12. Thereby 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 suppliemental 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 true 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

■ Addition