(9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 09, 2002 8:00 am Secretary of State **DOCUMENT # 744438** BAY ARTS ALLIANCE, INC. 04-09-2002 90051 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 8 HARRISON AVENUE 8 HARRISON AVENUE PO BOX 1153 PO BOX 1153 PANAMA CITY FL 32402 PANAMA CITY FL 32402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-1850105 Not Applicable Zip Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENJAMIN, JANET Street Address (P.O. Box Number is Not Acceptable) **8 HARRISON AVENUE** PANAMA CITY FL 32401 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PPD ☐ Delete TITLE Change Addition DUBUQUE, RAY NAME NAME 3001 KINGS HARBOR RD STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP PPD TITLE ☐ Delete TITLE Change ☐ Addition WALKER, NANCY NAME NAME 6200 SOUTH LAGOON STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32408 CITY-ST-ZIP CITY-ST-ZIP VPD. JITLE .. Delete PD TITLE Change ☐ Addition REISS, CHRIS NAME NAME 338 BUNKER COVE ROAD STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition Margaret Newbayer 740 S. Tyndall Parkway Panama City, FL 324 DUBUQUE, RAY NAME 3001 KINGS HARBOUR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition HAAG, JAMES NAME NAME 1212 DEWITT STREET STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 60. Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: