

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752151

1. Entity Name

PANAMA CITY MALL PROMOTIONAL FUND, INC.

Principal Place of Business

2150 NORTH COVE BLVD.
PANAMA CITY FL 32405-5319

Mailing Address

2150 NORTH COVE BLVD.
PANAMA CITY FL 32405-5319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2071593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYCUS, MARK
2150 N COVE BLVD
PANAMA CITY FL 32405

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 ☐ Delete
NAME TD
FINERTY, PATRICK J
STREET ADDRESS 2690 CROOKS RD SUITE 400
CITY-ST-ZIP TROY, MI 00000

TITLE ☐ Delete
NAME PD
AIKENS, ROBERT B
STREET ADDRESS 2690 CROOKS RD SUITE 400
CITY-ST-ZIP TROY, MI 00000

TITLE ☐ Delete
NAME VD
FIELDER, JAMES L
STREET ADDRESS 2690 CROOKS RD SUITE 400
CITY-ST-ZIP TROY MI

TITLE ☐ Delete
NAME S
LYNCH, PATRICIA
STREET ADDRESS 2150 COVE BLVD
CITY-ST-ZIP PANAMA CITY FL

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)