

**2002 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 &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; 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          | TD                       | <input type="checkbox"/> Delete |
| NAME           | FINERTY, PATRICK J       |                                 |
| STREET ADDRESS | 2690 CROOKS RD SUITE 400 |                                 |
| CITY-ST-ZIP    | TROY, MI 00000           |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Delete |
| NAME           | AIKENS, ROBERT B         |                                 |
| STREET ADDRESS | 2690 CROOKS RD SUITE 400 |                                 |
| CITY-ST-ZIP    | TROY, MI 00000           |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | FIELDER, JAMES L         |                                 |
| STREET ADDRESS | 2690 CROOKS RD SUITE 400 |                                 |
| CITY-ST-ZIP    | TROY MI                  |                                 |

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | S               | <input type="checkbox"/> Delete |
| NAME           | LYNCH, PATRICIA |                                 |
| STREET ADDRESS | 2150 COVE BLVD  |                                 |
| CITY-ST-ZIP    | PANAMA CITY FL  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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

1/17/02 (850) 769-3659

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)