

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755803

1. Entity Name

OKALOOSA COUNTY ACTION COMMITTEE, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90174 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

502 DONA AVENUE  
C/O JAMES L. SAWYER  
FT WALTON BEACH FL 32547-3626

502 DONA AVENUE  
C/O JAMES L. SAWYER  
FT WALTON BEACH FL 32547-3626

2. Principal Place of Business

1018 37TH ST

3. Mailing Address

1018 37TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NICEVILLE FL

City & State

NICEVILLE, FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. FEI Number

59-2895494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAWYER, JAMES L.  
502 DONA AVENUE  
FT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

LEWIS, JAMES E.

Street Address (P.O. Box Number is Not Acceptable)

1018 37TH ST

City

NICEVILLE

FL

Zip Code

32578

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

*James E. Lewis*

12 APR. 00

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 SD ☐ Delete  
NAME ROBBINS, JAMES  
STREET ADDRESS 30 S W COMET STREET  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE TD ☐ Delete  
NAME JONES, J  
STREET ADDRESS 21 FOREST PLACE  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE VD ☐ Delete  
NAME SAWYER, JAMES L  
STREET ADDRESS 502 DONA AVENUE  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE PD ☐ Delete  
NAME LEWIS, JAMES E  
STREET ADDRESS 1018 37TH STREET  
CITY-ST-ZIP NICEVILLE FL 32578

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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:

*James E. Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 APR. 00 850-678-4647  
Date Daytime Phone #

CR2E037 (9/99)