

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90114 045 \*\*\*150.00

00010011



DO NOT WRITE IN THIS SPACE

**DOCUMENT # K55654**

**1. Entity Name**  
**BAY POINT YACHT & COUNTRY CLUB, INC.**

Principal Place of Business <b>220 MCKENZIE AVE PANAMA CITY FL 32401</b>	Mailing Address <b>220 MCKENZIE AVE PANAMA CITY FL 32401-3129</b>
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>59-2933061</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>HUGHES, J. ROBERT 220 MCKENZIE AVE PANAMA CITY FL 32401</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	<b>FL</b>	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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MCCORMICK, HAROLD T.</b>		NAME		
STREET ADDRESS	<b>220 MCKENZIE AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPANN, WILLIAM F.</b>		NAME		
STREET ADDRESS	<b>100 DELWOOD BEACH ROAD</b>		STREET ADDRESS	<b>3900 marriott Drive Suite K</b>	
CITY-ST-ZIP	<b>PANAMA CITY BCH. FL</b>		CITY-ST-ZIP	<b>Panama City Beach, FL 32408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHARP, WILLIAM L.</b>		NAME		
STREET ADDRESS	<b>100 DELWOOD BEACH ROAD</b>		STREET ADDRESS	<b>3900 marriott Drive, Suite K</b>	
CITY-ST-ZIP	<b>PANAMA CITY BCH. FL</b>		CITY-ST-ZIP	<b>Panama City Beach, FL 32408</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** SIGNATURE REQUIRED **4-20-00** **850-235-6900**  
 \_\_\_\_\_ **Date** **Daytime Phone #**

CR2E034 (9/99)