

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M51272

1. Entity Name

FIRST NORTHWEST FLORIDA HOLDING COMPANY

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90003 007 ***150.00

Principal Place of Business

101 E 23 ST
~~P.O. BOX 9040~~
PANAMA CITY FL 33405-4501
US

Mailing Address

P O BOX 59900
~~P.O. BOX 3040~~
PANAMA CITY FL 32412-0900
US

2. Principal Place of Business

101 E. 23rd Street

3. Mailing Address

P. O. Box 59900

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

4. FEI Number

59-2836230

Applied For

Not Applicable

Zip

32405-4501

Country

bay

Zip

32412-0900

Country

bay

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMENT, EUGENE F JR.
101 EAST 23RD STREET
PANAMA CITY FL 32405

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
QUALLS, ALBERT P JR
209 HARRIS AVENUE
FT. WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLEMENT, EUGENE F JR
221 WOODLAWN DR.
PANAMA CITY FL 32407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BARGER, ANGIE M
2730 MOSQUITO ROAD
CHIPLEY FL 32428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/22/01 1-850-769-3207

CR2E034 (10/00)