

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90008 012 \*\*\*\*61.25

**DOCUMENT #. N00000000592**

1. Entity Name

**BETTER TOMORROWS, INC.**

Principal Place of Business

700 W. 23RD ST., SUITE 29  
 PANAMA CITY FL 32405

Mailing Address

700 W. 23RD ST., SUITE 29  
 PANAMA CITY FL 32405

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1747610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MCINTYRE, PATRICIA**  
 700 W. 23RD ST., SUITE 29  
 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 **President** ☐ Delete  
 NAME **VERILANE MCINTYRE**  
 STREET ADDRESS **700 W. 23RD ST. SUITE 29**  
 CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **Vice President** ☐ Delete  
 NAME **Maureen Swann**  
 STREET ADDRESS **8921 JOHN PITTS ROAD**  
 CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **Secretary** ☐ Delete  
 NAME **SALLIE NELSON**  
 STREET ADDRESS **2543 WHEAT ROAD**  
 CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **Director** ☐ Delete  
 NAME **Robert DeMars**  
 STREET ADDRESS **6911 MEMPHIS STREET**  
 CITY-ST-ZIP **NEW ORLEANS, LA 70124**

TITLE **Director** ☐ Delete  
 NAME **Martha Shelburne**  
 STREET ADDRESS **25504 McCamp Rd.**  
 CITY-ST-ZIP **SPRINGFIELD LA 70462**

TITLE **Director** ☐ Delete  
 NAME **Patricia McIntyre**  
 STREET ADDRESS **700 W. 23RD ST. SUITE 29**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **General Director** ☐ Change ☐ Addition  
 NAME **BERNADE MC KIGNEY**  
 STREET ADDRESS **29074 Elmore McKigney Lane**  
 CITY-ST-ZIP **Springfield LA 70462**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

2/16/01

850-769-9008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)