FILED

850-872-4620

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 06, 2001 8:00 am Secretary of State DOCUMENT # N0000003712 08-16-2001 90008 043 ****70.00 1. Entity Name BAY HIGH CHEERBOOSTERS, INC. Principal Place of Business Mailing Address 1204 HARRISON AVE 1204 HARRISON AVE PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address 1200 Harris Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Cunningham Street Address (P.O. Box Number is Not Acceptable HABLITZEL, SHIRLEY 2852 LONGLEAF ROAD PANAMA CITY FL 32405 Zip Code 32405 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. REASURER SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 President Change Addition Delete TITLE TITLE KISER, SANDY KESER, SANDY NAME NAME 1204 HARRISON AVE STREET ADDRESS STREET ADDRESS Panana City FL 32401 CITY-ST-21P PANAMA CITY FL 32401 CITY-ST-ZIP Addition Delete Change TITLE GOODWIELLER, JENNIFER NAME NAME 00 Harrison 1204 HARRISON AVE STREET ADDRESS STREET ADDRESS 32401 CITY-ST-ZIP Panama City Fl 32401 CITY-ST-ZIP Change Addition TITLE Delete :-Phil Cunningham 1200 Harrison Are HABILITZEL SHIRLEY NAME NAME STREET ADDRESS 1204 HARRISON AVE STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 cath; 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.