

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005451

1. Entity Name

BAY HAVEN PARENT TEACHER STUDENT PARTNERSHIP, INC.
C.

Principal Place of Business

922 HARRISON AVE
PANAMA CITY FL 32401

Mailing Address

922 HARRISON AVE
PANAMA CITY FL 32401

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 300

Suite, Apt. #, etc.

City & State

City & State
Lynn Haven, FL

Zip

Country

Zip

Country

32444

4. FEI Number

59-3736489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOPKA, ALBERT J III ESQ.
108 MOSLEY DR
LYNN HAVEN FL 32444

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	BPD	<input type="checkbox"/> Delete
NAME	Shannon Stopka	
STREET ADDRESS	2202 Andrews Road	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Lorie Jones-Houghton	
STREET ADDRESS	2000 Argyle Ct	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Debbie Craft	
STREET ADDRESS	2828 Longleaf Rd.	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Shari Beshear	
STREET ADDRESS	506 Krystal Ln	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	Tim Kitts	
STREET ADDRESS	2002 Penthard Road	
CITY-ST-ZIP	Lynn Haven FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	Elizabeth Haney	
STREET ADDRESS	1806 Connecticut Ave	
CITY-ST-ZIP	Lynn Haven, FL 32444	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 850/265-3729

Date Daytime Phone #

CR2E037 (9/01)