

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90144 042 \*\*\*\*61.25

**DOCUMENT # N01000006277**

1. Entity Name

**GULF COUNTY JUNIOR MISS PROGRAM, INC.**

Principal Place of Business

100 SHARK DR.  
 PORT ST. JOE FL 32456

Mailing Address

100 SHARK DR.  
 PORT ST. JOE FL 32456

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3740959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COMFORTER, ANN  
 100 SHARK DR.  
 PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

Name

Teresa Palmer

Street Address (P.O. Box Number is Not Acceptable)

111 Cabell Dr.

Port St. Joe, FL 32456

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 fee 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

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
 COMFORTER, ANN  
 501 7TH ST.  
 PORT ST. JOE FL 32456

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
 WOOD, LINDA  
 201 ST JOSEPH'S DR.  
 PORT ST. JOE FL 32456

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
 BELIN, CINDY  
 PO BOX 606  
 PORT ST. JOE FL 32457

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Comforter

4/10/02

950-229-8251

Date

Daytime Phone #

5/10/02 850-229-7039

CR2E037 (9/01)