

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2003 8:00 am
Secretary of State

1/23
8/25

01-23-2003 90227 011 ****61.25
08-25-2003 90102 018 ****61.25

DOCUMENT # N02000006682

1. Entity Name

BAY HAVEN BOOSTERS, INC.



Principal Place of Business

922 HARRISON AVENUE
PANAMA CITY FL 32401

Mailing Address

922 HARRISON AVENUE
PANAMA CITY FL 32401

55056598

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0053164

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY FL 32401

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, MARGARET B	
STREET ADDRESS	2818 LONGLEAF ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAFT, DEBORAH E	
STREET ADDRESS	2828 LONGLEAF ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, LENNIE	
STREET ADDRESS	6120 BEACH DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOTH, TAYLOR	
STREET ADDRESS	2102 ANDREWS ROAD	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, ALEX	
STREET ADDRESS	601 WOOD TRAIL	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	HITCHCOCK, LAIRD	
STREET ADDRESS	2603 BAYLEAF COURT	
CITY-ST-ZIP	PANAMA CITY FL 32405	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-03

Date

913-3465

Daytime Phone #

CR2E037 (4/03)

attachment

HARMON & SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW
427 MCKENZIE AVENUE
POST OFFICE BOX 2327
PANAMA CITY, FLORIDA 32402-2327

55051598

#N02000006682

DANIEL HARMON III
TIMOTHY J. SLOAN *
*ALSO MEMBER OF
DISTRICT OF COLUMBIA
AND MISSOURI BARS

TELEPHONE (850) 769-2501
FACSIMILE (850) 769-0824

September 12, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reference No. N02000006682
Bay Haven Boosters, Inc.

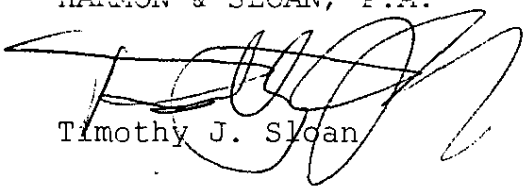
To whom it may concern:

Enclosed herewith please find a copy of the letter we received dated August 27, 2003 indicating that the FEI number had not been provided. In that regard, please find enclosed the completed Uniform Business Report bearing the appropriate FEI number for the entity. This should be sufficient to allow the filing of the annual report of the corporation.

If you have any questions, please do not hesitate to contact my office.

Very truly yours,

HARMON & SLOAN, P.A.


Timothy J. Sloan

TJS/ah
Encl.