

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04437

1. Entity Name

**THE ADVISORY COMMITTEE FOR URBAN REVITALIZATION
EQUITY (A-CURE), INC.**

Principal Place of Business

Mailing Address

920 CENTER AVENUE
P.O. BOX 30002
PANAMA CITY FL 32401-4525

920 CENTER AVENUE
P.O. BOX 30002
PANAMA CITY FL 32401-4525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUCE, JOHN T., SR.
920 CENTER AVENUE
PANAMA CITY FL 32401**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D/M**
STREET ADDRESS **BRUCE, JOHN T., SR.**
CITY-ST-ZIP **920 CENTER AVE
PANAMA CITY FL**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MARSHALL, CHARLOTTE**
CITY-ST-ZIP **208 N MACARTHUR AVE
PANAMA CITY FL**

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HINES, MYRON**
CITY-ST-ZIP **1023 E 14TH ST
PANAMA CITY FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, COLUMBUS**
CITY-ST-ZIP **1002 KIRKLAND AVE
PANAMA CITY FL**

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

TITLE ☐ Delete
NAME **DC**
STREET ADDRESS **SHEFFIELD, SHARON J**
CITY-ST-ZIP **1508 WISCONSIN AVENUE
LYNN HAVEN FL 32401**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MINCEY, ELLA**
CITY-ST-ZIP **8149 BETTY LOUISE DRIVE
PANAMA CITY FL 32404**

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:

Charlotte Sheffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-02 (850) 769-3698

CR2E037 (9/01)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90091 007 ****61.25



DO NOT WRITE IN THIS SPACE