

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07361

1. Entity Name

FLEET RESERVE ASSOCIATION BRANCH #346, INC.

Principal Place of Business

2117 WILKINSON AVENUE
PANAMA CITY BEACH FL 32408

Mailing Address

2117 WILKINSON AVENUE
PANAMA CITY BEACH FL 32408-4907

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

SNELL, BILLY B
2220 DOROTHY AVE.
PANAMA CITY BEACH FL 32408

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 PD ☒ Delete
NAME WHITES, GARY B
STREET ADDRESS 704 WATER OAK DR.
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE PD ☒ Change ☐ Addition
NAME ROBINSON, REX C
STREET ADDRESS 505 lagoon oaks cr
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE VD ☐ Delete
NAME DEWAR, RICHARD J
STREET ADDRESS 6010 SUNSET AVENUE
CITY-ST-ZIP PANAMA CITY FL 32408

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

TITLE SD ☒ Delete
NAME MCINTOSH, THOMAS D
STREET ADDRESS 2307 W. 21ST STREET
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE SD ☒ Change ☐ Addition
NAME SNELL, BILLY B
STREET ADDRESS 2200 DOROTHY AVE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE TD ☒ Delete
NAME SNELL, BILLY B
STREET ADDRESS 2200 DOROTHY AVENUE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE TD ☒ Change ☐ Addition
NAME FAXLANGER, JIM
STREET ADDRESS 264B PEACOCK DR
CITY-ST-ZIP PANAMA CITY, FL 32407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: T.D. MCINTOSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 JUN 00

850 235 5317

Date

Daytime Phone #

CR2E037 (9/99)