

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19714

1. Entity Name

EXCHANGE CLUB OF PANAMA CITY, INC.



**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90001 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 2331  
PANAMA CITY FL 32402

P. O. BOX 2331  
PANAMA CITY FL 32402

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

59-2026692

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

HAUVERSBUK, MICHAEL  
1021 GRACE AVE  
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**  
**After September 13, 2000 min. will be \$236.25**

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**  
STREET ADDRESS **PELL, ROBERT**  
CITY-ST-ZIP **2337 JUDSON ST**  
**LYNN HAVEN FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MORRIS, LARRY**  
CITY-ST-ZIP **2314 - 1/2 E. 13TH ST.**  
**PANAMA CITY FL**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GODWIN, JAMES**  
CITY-ST-ZIP **313 BALDWIN AVE**  
**PANAMA CITY FL**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **JOHNSON, SHER ALLEN**  
CITY-ST-ZIP **809 GARDEN CLUB DR**  
**PANAMA CITY FL**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **HOWARD, TERESA**  
CITY-ST-ZIP **211 N HARRIS AVE**  
**PANAMA CITY FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RICHARDSON, BOBBY**  
CITY-ST-ZIP **1906 ALABAMA AVE**  
**PANAMA CITY FL**

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:

*Teresa C. Howard* **Terresa C. Howard** 7/20/00 850-872-3284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)