

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90070 037 \*\*\*\*61.25

**DOCUMENT # N30015**

1. Entity Name

**THE BAY COUNTY BAR ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O SECRETARY/TREASURER  
P. O. BOX 696  
PANAMA CITY FL 32402  
US

C/O SECRETARY/TREASURER  
P. O. BOX 696  
PANAMA CITY FL 32402-0696  
US

A0009864



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2958005

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMPSON, WAYLON  
314 MAGNOLIA 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 PD ☒ Delete  
NAME MCCAULEY, CARROLL L III  
STREET ADDRESS 1003 JENKS AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE President / Director ☒ Change ☐ Addition  
NAME Boyd, Cecilia Redding  
STREET ADDRESS 833 Harrison Avenue  
CITY-ST-ZIP Panama City FL 32401

TITLE VPD ☒ Delete  
NAME BOYD, CECILIA R  
STREET ADDRESS 833 HARRISON AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE Vice President / Director ☒ Change ☐ Addition  
NAME Sale, Kelly M.  
STREET ADDRESS 315 E. 4th Street  
CITY-ST-ZIP Panama City FL 32401

TITLE STD ☒ Delete  
NAME SALE, KELLY M  
STREET ADDRESS 315 E. 4TH ST.  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE Sec. - Treas. / Director ☒ Change ☒ Addition  
NAME Syfrett, Kimberly J.  
STREET ADDRESS 803 Jenks Avenue, Ste 2  
CITY-ST-ZIP Panama City FL 32401

TITLE D ☒ Delete  
NAME BODIFORD, LARRY A  
STREET ADDRESS 620 MCKENZIE AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE Director ☒ Change ☒ Addition  
NAME Jones, Nancy  
STREET ADDRESS 845 Jenks Avenue  
CITY-ST-ZIP Panama City FL 32401

TITLE D ☒ Delete  
NAME JELKS, ALLEN N JR  
STREET ADDRESS 239 E. 4TH ST.  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE Director ☐ Change ☒ Addition  
NAME O'Brien, John  
STREET ADDRESS 105 West 5th Street  
CITY-ST-ZIP Panama City FL 32401

TITLE D ☒ Delete  
NAME WARNER, WILLIAM G  
STREET ADDRESS 221 MCKENZIE AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Change ☐ Addition  
NAME same  
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:

*Sydney Syfrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 (850) 785-4442  
Date Daytime Phone #

CR2 (1/17/99)