

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32665

1. Entity Name

PANAMA CITY AREA LODGE 130, FRATERNAL ORDER OF P

Principal Place of Business

1209 1/2 E. 15TH STREET
P. O. BOX 2461
PANAMA CITY FL 32402

Mailing Address

1209 1/2 E. 15TH STREET
P. O. BOX 2461
PANAMA CITY FL 32402-2461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PURVIS, MIKE
3421 N. HWY 77
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

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

TITLE **ST** ☐ Delete
NAME **COLBERT, ROBERT**
STREET ADDRESS **1209 E. 15TH ST.**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **PD** ☐ Delete
NAME **BATES, DAN**
STREET ADDRESS **2809 WOODMERE DR.**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VPD** ☐ Delete
NAME **HALL, JOE**
STREET ADDRESS **1209 E. 15TH ST.**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **T** ☐ Delete
NAME **PURVIS, MIKE**
STREET ADDRESS **3421 N. HWY. 77**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90114 043 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2918181** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

CR2E037 (9/99)

1-10-00 850 747-4200