

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N4423

1. Entity Name

NORTH BAY ALERT COMMUNITY IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

2309 MOUND AVE  
PANAMA CITY FL 32405

Mailing Address

239 E FOURTH STREET  
PANAMA CITY FL 32401

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

59-3094086

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

WARREN, FRIEDA (TINK)  
2309 MOUND AVENUE  
PANAMA CITY FL 32405

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	<input type="checkbox"/> Delete
NAME	WARREN, FRIEDA (TINK)	
STREET ADDRESS	2309 MOUND AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZIERDEN, ANNE H	
STREET ADDRESS	4450 ASHLAND ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCCONNELL, MIKE	
STREET ADDRESS	4448 ASHLAND ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WARREN, CLAUDE	
STREET ADDRESS	2309 MOUND AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BISSENETTE, KARIWYN	
STREET ADDRESS	2122 ST. ANDREWS BLVD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JELKS, DEBORAH STEPHE	
STREET ADDRESS	239 EAST FOURTH STREET	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 23, 2001 8:00 am  
Secretary of State

05-23-2001 91166 045 \*\*\*\*61.25

771106

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)