

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000287

1. Entity Name

BAYOU GEORGE ATHLETIC ASSOCIATION INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90093 017 ****61.25

Principal Place of Business

6010 JAYCEE DRIVE
(BALL PARK)
YOUNGSTOWN FL 32466

Mailing Address

PO BOX 1005
YOUNGSTOWN FL 32466

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2440058

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

BOREL, DANNY
9010 HWY 2301
YOUNGSTOWN FL 32466

7. Name and Address of New Registered Agent

Name Paula Beauchene

Street Address (P.O. Box Number is Not Acceptable) 8414 Eastwood Ave

City Youngstown FL Zip Code 32466

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 *Paula Beauchene*
Signature, typed or printed name of registered agent and title if applicable President

(NOTE: Registered Agent signature required when reinstating)

7/31/00
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOREL, DANNY	
STREET ADDRESS	9010 HWY 2301	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PIPPEN, STELLA	
STREET ADDRESS	5711 BAYOU GEORGE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCMURRAY, MEGAN	
STREET ADDRESS	7206 ROADRUNNER RD	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President PD; SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula Beauchene	
STREET ADDRESS	8414 Eastwood Ave	
CITY-ST-ZIP	Youngstown FL 32466	
TITLE	President TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Singer	
STREET ADDRESS	13438 Hwy 67	
CITY-ST-ZIP	Fountain FL 32438	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Beauchene	
STREET ADDRESS	8414 Eastwood Ave	
CITY-ST-ZIP	Youngstown FL 32466	
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: *Paula Beauchene* 7/31/00 850-234-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)