

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000000287**

1. Entity Name

BAYOU GEORGE ATHLETIC ASSOCIATION INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90026 011 ****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

Zip

Country

Zip

Country

4. FEI Number

59-2440058

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BEAUCHENE, PAULA
8414 EASTWOOD AVE
YOUNGSTOWN FL 32466**

7. Name and Address of New Registered Agent

Name **Paula Beauchene**

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

10818 Sunflower LaneCity **Panama City** **FL** Zip Code **32404**

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 **Paula Beauchene** **President** **1/11/01**
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 NAME STREET ADDRESS CITY-ST-ZIP	PDSD BEAUCHENE, PAULA 8414 EASTWOOD AVE YOUNGSTOWN FL 32466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDSD Beauchene, Paula 10818 Sunflower Lane Panama City FL 32404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SINGER, NANCY 13438 HWY 167 FOUNTAIN FL 32438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEAUCHENE, ROBERT 8414 EASTWOOD AVE YOUNGSTOWN FL 32466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beauchene Robert 10818 Sunflower lane Panama City FL 32404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Paula Beauchene** **President** **1/11/01** **850-234-4404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)