

2002 UNIFORM BUSINESS REPORT (UBR)

1/30

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90036 044 ****61.25

DOCUMENT # N93000000287

1. Entity Name

BAYOU GEORGE ATHLETIC ASSOCIATION INC.

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
10818 SUNFLOWER LANE
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

Name **Barry CARTER**

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

8723 CreekRun

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

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 **PDSO** ☒ Delete
NAME **BEAUCHENE, PAULA**
STREET ADDRESS **10818 SUNFLOWER LANE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **TD** ☒ Delete
NAME **SINGER, NANCY**
STREET ADDRESS **13438 HWY 167**
CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE **D** ☒ Delete
NAME **BEAUCHENE, ROBERT**
STREET ADDRESS **10818 SUNFLOWER LANE**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☐ Change ☒ Addition
NAME **Barry Carter PD**
STREET ADDRESS **8723 CreekRun**
CITY-ST-ZIP **YOUNGSTOWN FL 32466**

TITLE **VPD** ☐ Change ☒ Addition
NAME **VP Kelli Cook**
STREET ADDRESS **1321 Eastwood Ave.**
CITY-ST-ZIP **Youngstown, FL 32464**

TITLE **SD** ☐ Change ☒ Addition
NAME **Sec D Michelle Carleton**
STREET ADDRESS **4811 Palm Ave.**
CITY-ST-ZIP **youngstown, FL 32466**

TITLE **TD** ☐ Change ☒ Addition
NAME **Treas Carol Meeks**
STREET ADDRESS **13721 MASHBURN Rd**
CITY-ST-ZIP **Youngstown, FL 32466**

TITLE ☐ Change ☐ Addition
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 #

CR2E037 (9/01)