

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002453

1. Entity Name

THE UNLIMITED PATH, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90108 022 ****70.00

Principal Place of Business

882 W 11 ST
SHOPPING CENTER
PANAMA CITY FL 32401

Mailing Address

1416 NE 14 TERR
GAINESVILLE FL 32601-4601
US

2. Principal Place of Business

1520 Jenks Ave

Ste D

Panama City, FL

32405

3. Mailing Address

P.O. Box 200

Suite, Apt. #, etc.

Panama City, FL

32401

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3248418

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANDOLPH, BERTRAND
1416 NE 14TH TERRACE
GAINESVILLE FL 32601

P.O. Box 200
Panama City, FL 32401

7. Name and Address of New Registered Agent

Name: Bertrand Randolph
Street Address (P.O. Box Number Not Acceptable): 457 S McArthur Ave
City: Panama City FL 32401

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: *Bertrand Randolph* BERTRAND RANDOLPH
(NOTE: Registered Agent signature required when reinstating)
DATE: 4/26/00

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	VP	<input checked="" type="checkbox"/> Delete
NAME	TANNER, MICHAEL	
STREET ADDRESS	703 MICHAEL DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RANDOLPH, BERTRAND	
STREET ADDRESS	1416 NE 14 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	P	<input type="checkbox"/> Delete
NAME	VAUGHAN, DOROTHY	
STREET ADDRESS	4120 VOYLES ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RANDOLPH, SHEILA	
STREET ADDRESS	1416 NE 14 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNT-KEITH, GLORIA J	
STREET ADDRESS	1103 E 11 STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, ROSE	
STREET ADDRESS	308 W 26 STREET	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hobley, Tommy	
STREET ADDRESS	3913 Pisa Dr. K-6	
CITY-ST-ZIP	Panama City, FL 32401	
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: *Sheila Randolph* SHEILA RANDOLPH

4/26/00

850-522-1533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)