

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000463

1. Entity Name

THE BAY AREA MUSICIAN'S ORGANIZATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2223
PANAMA CITY FL 32402

P.O. BOX 2223
PANAMA CITY FL 32402-2223

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

59-3273405

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

MCKINNEY, MARGARET
15412 BLUE SPRINGS ROAD
YOUNGSTOWN FL 32466

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 checked="" type="checkbox"/> Delete
NAME	BLAND, STEVE	
STREET ADDRESS	8028 BETTY LOUISE DR	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRYE, GREG	
STREET ADDRESS	8926 KINGSWOOD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCKINNEY, MARGARET	
STREET ADDRESS	15412 BLUE SPRINGS RD.	
CITY-ST-ZIP	YOUNGSTOWN FL 32461	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, RICK	
STREET ADDRESS	2832 ALTHA AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNEY, MICHAEL	
STREET ADDRESS	15412 BLUE SPRINGS RD	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSBORN, BRIAN	
STREET ADDRESS	6513 BOATRACE RD	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick Howard	
STREET ADDRESS	2832 ALTHA AVE.	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Scarbrough	
STREET ADDRESS	132 N. Comet Ave Apt. 14	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

850.722.4915

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90006 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/95)