

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90068 001 ****70.00

DOCUMENT # N96000003108

1. Entity Name
BAY HIGH QUARTERBACK CLUB, INC.



Principal Place of Business
**1021 GRACE AVE.
PANAMA CITY FL 32401
US**

Mailing Address
**1021 GRACE AVE.
PANAMA CITY FL 32401
US**

2. Principal Place of Business
P.O. BOX 16083
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 16083
Suite, Apt. #, etc.

City & State
Panama City FL
Zip
32401
Country
U.S.

City & State
Panama City
Zip
32401
Country
U.S.

4. FEI Number **59-3405853**

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**PATTERSON, CHRISTOPHER N
1021 GRACE AVE.
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name
Michael J. McMullan
Street Address (P.O. Box Number is Not Acceptable)
127 Senko Circle
City
Panama City FL Zip Code
32405

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael J. McMullan, P.O. McMullan**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **11 AUG 03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CJERACK, JOSEPH	
STREET ADDRESS	341 MASSALINA DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SECCIA, RAYMOND	
STREET ADDRESS	625 MALAGA PL	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILMA, ROSBUD	
STREET ADDRESS	1522 MULBURY AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	Michael McMullan	<input type="checkbox"/> Delete
NAME	127 Senko Circle	
STREET ADDRESS	Panama City, FL 32405	
CITY-ST-ZIP		
TITLE	Reggie	<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	Michael McMullan PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	127 Senko Circle	
STREET ADDRESS	Panama City FL 32405	
CITY-ST-ZIP		
TITLE	Reggie Gilbert VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3143 Wood Valley Rd.	
STREET ADDRESS	Panama City FL 32405	
CITY-ST-ZIP		
TITLE	Joe Chiernek	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	341 Massalina Drive	
STREET ADDRESS	Panama City FL 32401	
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: **Michael J. McMullan, P.O. McMullan**

11 AUG 03 1800 225-0058
Date Daytime Phone #

CR2E037 (10/02)