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

Mailing Address

1021 GRACE AVE.

DOCUMENT # N9600003108

1. Entity Name

1021 GRACE AVE

Principal Place of Business

1021 GRACE AVE. PANAMA CITY FL 32401

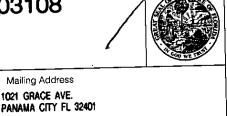
BAY HIGH QUARTERBACK CLUB, INC.

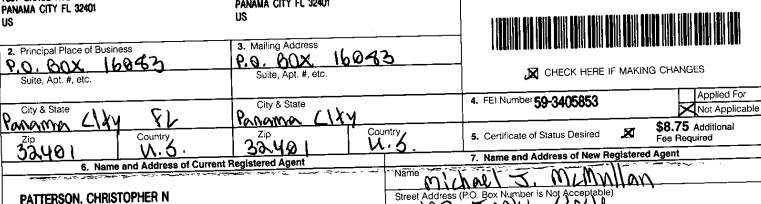


FILED Aug 14, 2003 8:00 am Secretary of State

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

Applied For





Zip Code

the obligations of registered agent. 11ANV 93 SIGNATURE Make Check Payable to \$5.00 May Be 9. Election Campaign Financing Florida Department of State FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS **Addition** 10. ☐ Change michael memullan TITLE ■ Delete PD TITLE NAME 127 Senly Circle CJERACK, JOSEPH NAME STREET ADDRESS 341 MASSALINA DRIVE Parama City FL 32405 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP Reaple Gilbert VPD X Addition Change TITLE Delete VPD TITLE . 69 rollal boom EPIE NAME SECCIA. RAYMOND NAME STREET ADDRESS 625 MALAGA PL STREET ADDRESS CITY-ST-ZIE PANAMA CITY FL 32413 CITY-ST-ZIP 🔀 Addition -GOE-Greened TITLE-. 🔀 Delete TITLES oriognallassamiles NAME WILMA, ROSBUD NAME STREET ADDRESS 1522 MULBURY AVE STREET ADDRESS LIYU EL 32401 CITY-ST-ZIP PANAMA CITY FL 34205 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME $m_{\nu}m_{\nu}m_{\nu}m_{\nu}$ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

City

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

Panama

12. Thereby 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 other lands of the corporation or the receiver or trustee empowered 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.

TIT! F

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ Delete

☐ Change

Addition