

2000 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # N97000000041

1. Entity Name

OPT-MYSTICS FOUNDATION OF BAY COUNTY, INC. ✓

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90151 010 ****61.25

Principal Place of Business

JENKS AVENUE
P.O. BOX 16293
PANAMA CITY FL 32405

Mailing Address

JENKS AVENUE
P.O. BOX 16293
PANAMA CITY FL 32405

2. Principal Place of Business

P.O. Box 16293

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 16293

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL

City & State

Panama City, FL

4. FEI Number

59-3298611

Applied For

Not Applicable

Zip

32405

Country

USA

Zip

32405

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAKE, RUSSELL B
153 LEGEND LAKES DRIVE
PANAMA CITY FL 32411

7. Name and Address of New Registered Agent

Name Middleton, James R.
Street Address (P.O. Box Number is Not Acceptable) 2702 Woodmere Dr.
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	MIDDLETON, JAMES R	
STREET ADDRESS	1316 POMPANO ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONRAD, TED H	
STREET ADDRESS	3701 TIPPECANOE LANE	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOLEY, JEAN	
STREET ADDRESS	7502 OLD BICYCLE RD	
CITY-ST-ZIP	CALLAWAY FL 32404	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, RUSSELL B	
STREET ADDRESS	153 LEGEND LAKES DR	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PITTS, BILL	
STREET ADDRESS	4034 HOBBS ROAD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAESAL, DAVID	
STREET ADDRESS	100 CAMELOT CIR	
CITY-ST-ZIP	PANAMA CITY FL 32405	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2702 Woodmere Dr.	
CITY-ST-ZIP	Panama City, FL 32405	
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		
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:

James R. Middleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00 800-763-3620
Date Daytime Phone #

CR2E037 (5/00)