## 2000 UNIFORM BUSINESS REPORT (UBR) 5/2 FILED Jun 08, 2000 8:00 am Secretary of State DOCUMENT # N97000001196 1. Entity Name COME AS YOU ARE CLUB OF BAY COUNTY, INC. 05-02-2000 90127 045 \*\*\*\*61.25 Principal Place of Business Mailing Address P O BOX 9945 8317 FRONT BEACH RD. ALT US 98.UNI 34C. PROMENASDE MALL PANAMA CITY BEACH FL 32417-0345 PANAMA CITY BEACH FL 32408 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State A. FE) Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent URSON MOORE, JAMES 1704 FOSTER PANAMA CITY FL 32405 8. The above named entity submits this statement for the purpose of changing its registered office or registered 04-14-00 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PROSIDENT Change ☐ Addition TITLE ☐ Delete TITLE BENE NAME NAME Moore, James STREET ADORESS STREET ADDRESS 1704 FOSTER CITY-ST-ZIP CITY-ST-2IP PANAMA CITY FL 32405 Change TITLE ☐ Delete TITLE NAME NESSLER, JOHN W NAME STREET ADDRESS STREET ADORESS 121 PALM HARBOUR BLVD CITY-ST-7IP CHY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete TITLE TITLE NAME NAME MCFALL, EDWARD STREET ADDRESS STREET ADDRESS 115 1/2 E 15TH ST CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY-FL=32405 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 CITY-ST-ZIP Change ☐ Addition Delete TITLE TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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:

AND TUPE AND THE OF PRINTED HAVE OF BIGHING OFFICER OR DIRECTOR

April 24:00 850-235-9935