

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001196**

1. Entity Name

COME AS YOU ARE CLUB OF BAY COUNTY, INC.

Principal Place of Business

**8317 FRONT BEACH RD.
ALT US 98.UNI 34C. PROMENASDE MALL
PANAMA CITY BEACH FL 32408**

Mailing Address

**P O BOX 9945
PANAMA CITY BEACH FL 32417-945
US**

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

59-3398908

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

**BURSON, GENE
5091 PINE RIDGE DRIVE
CHIPLEY FL 32428**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	MOORE, JAMES						
	1704 FOSTER						
	PANAMA CITY FL 32405						
	D						
	NESSLER, JOHN W						
	121 PALM HARBOUR BLVD						
	PANAMA CITY BEACH FL 32408						
	D						
	MCFALL, EDWARD						
	115 1/2 E 15TH ST						
	PANAMA CITY FL 32405						
	PD						
	BURSON, GENE						
	5091 PINE RIDGE DRIVE						
	CHIPLEY FL 32428						
	VPD						
	ROCK, DAVE						
	9322 FRONT BEACH RD						
	PANAMA CITY BEACH FL 32407						
	VPD						
	BARRY, TONY						
	520 BECKRICH RD, UNIT #14						
	PANAMA CITY BEACH FL 32407						

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

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90323 045 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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