

2002 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 \$61.259. 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 ☐ Delete
NAME **D MOORE, JAMES**
STREET ADDRESS **1704 FOSTER**
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D NESSLER, JOHN W**
STREET ADDRESS **121 PALM HARBOUR BLVD**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D MCFALL, EDWARD**
STREET ADDRESS **115 1/2 E 15TH ST**
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PD BURSON, GENE**
STREET ADDRESS **5091 PINE RIDGE DRIVE**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VPD ROCK, DAVE**
STREET ADDRESS **9322 FRONT BEACH RD**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VPD BARRY, TONY**
STREET ADDRESS **520 BECKRICH RD, UNIT #14**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**TITLE ☐ Change ☐ 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:

DAVID H. ROCK 4/23/02 234-2278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)