

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001910

1. Entity Name

THE CAMP GORDON JOHNSTON ASSOCIATION, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90011 007 \*\*\*\*61.25

|  |   |
|--|---|
| Principal Place of Business<br>POST OFFICE BOX 1334<br>CARRABELLE FL 32322 | Mailing Address<br>POST OFFICE BOX 1334<br>CARRABELLE FL 32322-1334 |
|--|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINICHELLO, ANTHONY J  
 1039 CANARVON DRIVE  
 TALLAHASSEE FL 32311

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          | <b>P</b>                        | <input type="checkbox"/> Delete |
| NAME           | WINCHESTER, SIDNEY              |                                 |
| STREET ADDRESS | P.O. BOX GG N/A                 |                                 |
| CITY-ST-ZIP    | CARRABELLE FL 32322             |                                 |
| TITLE          | <b>S</b>                        | <input type="checkbox"/> Delete |
| NAME           | DIETZ, RUTH                     |                                 |
| STREET ADDRESS | P.O. BOX 1328-326-2 HOLLAND ST. |                                 |
| CITY-ST-ZIP    | LANDMARK VILLAGE FL 32323       |                                 |
| TITLE          | <b>T</b>                        | <input type="checkbox"/> Delete |
| NAME           | DIETZ, RALPH                    |                                 |
| STREET ADDRESS | P.O. BOX 1328-326-2 HOLLAND ST. |                                 |
| CITY-ST-ZIP    | LANDMARK VILLAGE FL 32323       |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | MINICHELLO, ANTHONY             |                                 |
| STREET ADDRESS | 1039 CANARVON DR.               |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 32311            |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | DUNBAR, ROBERT                  |                                 |
| STREET ADDRESS | 135 OLD STILL RD.               |                                 |
| CITY-ST-ZIP    | CRAWFORDVILLE FL 32327          |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | FLING, JAMES                    |                                 |
| STREET ADDRESS | 1836 WESTMINISTER DR.           |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 32304            |                                 |

|                |  |   |
|----------------|--|---|
| 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:

*Richard J. Quip*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-697-2852  
 May 12-00 -

Date Daytime Phone #

CR2E037 (9/99)