

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-22-2001 90001 025 ****61.25

DOCUMENT # N97000001978

1. Entity Name

BAKER SCHOOL ALUMNI ASSOCIATION, INC.

Principal Place of Business

**6060 HOMESTEAD ROAD
 BAKER FL 32531**

Mailing Address

**POST OFFICE BOX 185
 BAKER FL 32531**

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

59-2479270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHNEIDER, FLORRAGENE
 6060 HOMESTEAD ROAD
 BAKER FL 32531**

7. Name and Address of New Registered Agent

Name

Jimmy L. Lundy
 Street Address (P.O. Box Number is Not Acceptable)

1584 South Pearl St

City

Crestview, FL

FL

Zip Code

32539

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 **Jimmy L. Lundy**

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, FLORRAGENE	
STREET ADDRESS	6060 HOMESTEAD ROAD	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, CHAD	
STREET ADDRESS	POST OFFICE BOX 317	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENLEY, MARY A	
STREET ADDRESS	ROUTE 2, BOX 240	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPH, DAVID	
STREET ADDRESS	6081 BUCK WARD ROAD	
CITY-ST-ZIP	BAKER FL 32531	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN R. COOK	
STREET ADDRESS	2850 Lake Silver Road	
CITY-ST-ZIP	Crestview, FL 32539	
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: **Allen R. Cook**

8/17/01

CR2E037 (10/00)