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850-537-8801

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700001978

1. Entity Name

BAKER SCHOOL ALUMNI ASSOCIATION, INC.

FILED Sep 15, 2002 8:00 am Secretary of State 09-15-2002 90086 021 ****61.25

Principal Pla	ace of Business	Mailir	ng Address							
6060 HOMESTEAD ROAD BAKER FL 32531		POST OFFICE BOX 185 BAKER FL 32531					ΠΩΤΩΩΤΩΩ			
						1 (88)(118) 613	1 3 001 1 00 01 30 00 00 70 00 00	. 68)((68(8))(8(8 (8))	? JOREL 2011 1041	
2. Principal Place of Business 3. Mailing Address			iling Address	, <u>.</u>						
Suite, Apt. #, etc.		Sı	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		· City & State			4. FEI Number 59-2479270 Applied For No. 4-2-10-2015				7	
Zip Country		Zi	Zip Country		ŗy	5. Certificate of Status Desired \$8			Not Applicable 75 Additional	
	6. Name and Address of Current	Registere	ad Agent			7 Nome and Ad		Fee Requ	ired	4
***		. rogiotore	- Agont	_	Name	7. Name and Ad	dress of New Regis	itered Agent		\dashv
LUNDY, JIMMY L. 1584 SOUTH PEARL ST				Street Address (P.O. Box Number is Not Acceptable)						
CRESTVI	EW FL 32539									١
				ł	City			FL Zip C		1
8. The above	e named entity submits this statement fo	r the purp	ose of changing its r	registered	office or regi	stered agent, or both, in	n the State of Florida	. I am familiar wit	h, and accept	\exists
irie obliga	ations of registered agent.								•	
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE:	Registered Ac	gent signature req	uired when reinstating)	*	DATE		
	After September 13, 2002, mln. will be \$236.25.		9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		Check Payabl		
10.	OFFICERS AND DIR	ECTORS		11.		A DOUTION OF THE A				1
TITLE	D	iLCTONS	☐ Delete	TITLE		ADDITIONS/CHANG	SES TO OFFICERS A			ا ءَ
NAME	SCHNEIDER, FLORRAGENE		Delete	NAME				Change	Addition	60/1
STREET ADDRESS CITY-ST-ZIP	6060 HOMESTEAD ROAD			STREET A						127
TITLE	BAKER FL 32531			CITY-ST-	- ZIP					֝֟֝֝֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝ ֡
NAME	WILKINSON, CHAD		☐ Delete	TITLE NAME				☐ Change	☐ Addition	2
STREET ADDRESS	POST OFFICE BOX 317			STREET A	DDRESS					
CITY-ST-ZIP	BAKER FL 32531	-		CITY-ST-	ZIP	74 ·	- · .	<u> </u>		
TITLE NAME	HENLEY, MARY A		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	ROUTE 2, BOX 240			STREET A	DDRESS					Ì
CITY-ST-ZIP	BAKER FL 32531			CITY-ST-	ZIP					ł
TITLE	D MIDDL DAVAD		☐ Delete	TITLE				☐ Change	Addition	1
NAME STREET ADDRESS	MURPH, DAVID 6081 BUCK WARD ROAD			NAME Street al	DDBECO					
CITY-ST-ZIP	BAKER FL 32531			CITY-ST-						
TITLE	P COOK ALLEND		☐ Delete	TITLE		-		☐ Change	Addition	1
NAME Street address	COOK, ALLEN R 2850 LAKE SILVER ROAD			NAME						
CITY-ST-ZIP	CRESTVIEW FL 32539			STREET AL						
TITLE			☐ Delete	TITLE	- -			☐ Change	☐ Addition	1
NAME				NAME				☐ Change	☐ Addition	
STREET ADDRESS	i			STREET AD	1					
511 C - 51 - 41F				CITY-ST-2	ZIP					1

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.

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