

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90144 013 ****61.25

DOCUMENT # N97000002021

1. Entity Name
BAY AICE PARENTS, INC.



Principal Place of Business

**1200 HARRISON AVE.
PANAMA CITY FL 32401**

Mailing Address

**1200 HARRISON AVE.
PANAMA CITY FL 32401**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCCAULEY, CARROLL L
36 OAK AVE.
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **STEIN, BARBARA**
STREET ADDRESS **3315 HARBOUR PLACE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **TD** ☐ Delete
NAME **MCQUAIG, CYNTHIA**
STREET ADDRESS **2881 TUPELO DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **SD** ☐ Delete
NAME **CARROLL, KIM**
STREET ADDRESS **3311 S HARBOUR CIRCLE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Becky Palmer**
STREET ADDRESS **513 Parkwood Drive**
CITY-ST-ZIP **Panama City, FL 32405**

TITLE **TD** ☒ Change ☐ Addition
NAME **Kerrie Beasley**
STREET ADDRESS **2859 Tupelo Drive**
CITY-ST-ZIP **Panama City, FL 32405**

TITLE **SD** ☒ Change ☐ Addition
NAME **Kathy Greene**
STREET ADDRESS **2817 Longleaf Road**
CITY-ST-ZIP **Panama City, FL 32405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Kerrie Beasley**

1/28/03 (850) 769-1459

CR2E037 (10/02)