

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000001298**

1. Entity Name

LYNN HAVEN BUSINESS AND PROFESSIONAL PARTNERS, I

Principal Place of Business

Mailing Address

**1812 SOUTH HIGHWAY 77
SUITE 115
LYNN HAVEN FL 32444****1812 SOUTH HIGHWAY 77
SUITE 115
LYNN HAVEN FL 32444-5423**

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

59-3499468

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

**STOKA, ALBERT J III
108 MOSLEY DR
LYNN HAVEN FL 32444**

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	D	<input type="checkbox"/> Delete
NAME	FILIPPI, RICHARD	
STREET ADDRESS	810 FLORIDA AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

TITLE	D and Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILIPPI, RICHARD	
STREET ADDRESS	810 Florida Avenue	
CITY-ST-ZIP	Lynn Haven FL 32444	

TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHSON, JESSICA	
STREET ADDRESS	1812 S. HIGHWAY 77, BOX 115	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

TITLE	D and Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHSON, JESSICA	
STREET ADDRESS	1812 S. Highway 77, BOX 115	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	

TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, DAVID -	
STREET ADDRESS	2305 HIGHWAY 77, SUITE E	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTENSON, DALE -	
STREET ADDRESS	1101 Ohio Avenue	
CITY-ST-ZIP	Lynn Haven, FL 32444	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRKLAND, BILL JR	
STREET ADDRESS	2518 HIGHWAY 77, SUITE E	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

TITLE	Director and Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRKLAND, KAREN	
STREET ADDRESS	2518 Highway 77, Suite E	
CITY-ST-ZIP	Lynn Haven, FL 32444	

TITLE	D	<input type="checkbox"/> Delete
NAME	HEWETT, BILL	
STREET ADDRESS	517 AIRPORT ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANFORD, GERALD	
STREET ADDRESS	2715 Country Club Drive	
CITY-ST-ZIP	Lynn Haven, FL 32444	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACHMANN, OLIVER	
STREET ADDRESS	824 OHIO AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARQUIS, GURELLE	
STREET ADDRESS	716 Ohio Avenue	
CITY-ST-ZIP	Lynn Haven, FL 32444	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert J. Stokas III

Date

3/7/00

Daytime Phone #

850-785-6600

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)