

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90030 019 ****61.25

DOCUMENT # N98000001298

1. Entity Name

LYNN HAVEN BUSINESS AND PROFESSIONAL PARTNERS, I

Principal Place of Business

1812 SOUTH HIGHWAY 77
 SUITE 115
 LYNN HAVEN FL 32444

Mailing Address

1812 SOUTH HIGHWAY 77
 SUITE 115
 LYNN HAVEN FL 32444

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	DO	<input type="checkbox"/> Delete
NAME	FILIPPI, RICHARD	
STREET ADDRESS	810 FLORIDA AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	DO	<input type="checkbox"/> Delete
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	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, BILL JR	
STREET ADDRESS	2518 HIGHWAY 77, SUITE E	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEWETT, BILL	
STREET ADDRESS	517 AIRPORT ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARQUIS, GURELLE	
STREET ADDRESS	716 OHIO AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.04.01 850.265.5040

Date

Daytime Phone #

CR2E037 (10/00)