2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State
04-25-2000 90119 046 ****61.25

DOCUMENT # N98000001642

1. Entity Name

PANAMA CITY BEACHES EDUCATION FUND, INC.

Principal Place of Business	Mailing Address
P.O. BOX 9348 PANAMA CITY BEACH FL 32417	P.O. BOX 9348 PANAMA CITY BEACH FL 32417

DO NOT WRITE IN THIS SPACE

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 59-2857564 ☐ 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
PARISH, DEBI 415 BECKRICH RD.,STE.200 PANAMA CITY BEACH FL 32407	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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILTON, HALE CPA P.O. BOX 9348 PANAMA CITY BEACH FL 32417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-Elect DPE Jack Bishop 12677 Front Beach Rd Panama City Bch., FL 32407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DUNAWAY, JOHN P.O. BOX 9348 PANAMA CITY BEACH FL 32417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President / DPP John Dunaway P.O. Box 9348 Panama City Bch. FL 32417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PILCHER, JACKIE P.O. BOX 9348 PANAMA CITY BEACH FL 32417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / DS Lyn Hindsman 602 Colorado Ave Lynn Haven, FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GHEESLING, JOHN III P.O. BOX 9348 PANAMA CITY BEACH FL 32417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / DP John Gheesling III P.O. Box 9348 Panama City Bch., FL 32417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILMORE, DOUG P.O. BOX 9348 PANAMA CITY BEACH FL 32417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / DT Jimmy Patchis, JR. 6551 N. Lagoon Dr. Panama City Bch., FL 32408	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SABISTON, PAT P.O. BOX 9348 PANAMA CITY BEACH FL 32417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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 Executive Director 4-19-2000 850-233-6572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #