

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90019 030 ***61.25

DOCUMENT # N98000002428

1. Entity Name

ADVOCATES OF BAY COUNTY BOOT CAMP, INC.

Principal Place of Business

**456 E 11TH STREET
 PANAMA CITY FL 32401**

Mailing Address

**456 E 11TH STREET
 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

59-3517117

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

**DUNCAN, MICHAEL B
 304 MAGNOLIA AVENUE
 PANAMA CITY FL 32401**

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 **PD** ☒ Delete
 NAME **HELMS, CHARLES SR**
 STREET ADDRESS **597 LAGOON OAKS DRIVE**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Ken Shaffer**
 STREET ADDRESS **1911 Clay Avenue**
 CITY-ST-ZIP **Panama City, Florida 32405**

TITLE **TD** ☐ Delete
 NAME **SHAFFER, KEN**
 STREET ADDRESS **1911 CLAY AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE **SD** ☐ Delete
 NAME **CARUTHERS, GENIE**
 STREET ADDRESS **1123 BABBY LANE**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **STD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BURCH, HATTIE**
 STREET ADDRESS **1002 MAPLE AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL 32402-0820**

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

TITLE **D** ☐ Delete
 NAME **CLOUD, BARBARA**
 STREET ADDRESS **2121 LIENBY AVE.**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

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

TITLE **D** ☐ Delete
 NAME **BOOTH, JOEL**
 STREET ADDRESS **BOX 1200**
 CITY-ST-ZIP **PANAMA CITY FL 32402**

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: Genie Caruthers, Sec./Treas.

4-22-02

(850) 872-7330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)