

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90075 034 \*\*\*\*61.25

**DOCUMENT # N99000001528**

1. Entity Name

**BAY HIGH SCHOOL BASKETBALL BOOSTER CLUB, INC.**

Principal Place of Business

Mailing Address

1021 GRACE AVENUE  
 PANAMA CITY FL 32401

1021 GRACE AVENUE  
 PANAMA CITY FL 32401-2420

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

59-3652661

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

**PATTERSON, CHRIS**  
**1021 GRACE 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	PP	<input type="checkbox"/> Delete
NAME	Charles H Coram	
STREET ADDRESS	7020 South Lagoon Dr.	
CITY-ST-ZIP	Panama City Florida 32407	
TITLE	VPP	<input type="checkbox"/> Delete
NAME	Arlene Cook	
STREET ADDRESS	318 South McArthur	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	TO	<input type="checkbox"/> Delete
NAME	Lynn Mills	
STREET ADDRESS	814 Laird Drive	
CITY-ST-ZIP	Panama City FL 32407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Charles H Coram*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-00

Date

850 866-3447

Daytime Phone #

CR2E037 (9/99)