

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**  
 04-05-2001 90047 020 \*\*\*158.75

**DOCUMENT # P94000083605**

1. Entity Name  
**THE UNLIMITED PATH OF CENTRAL FLORIDA, INC.**

Principal Place of Business <b>1520 JENKS AVE                  STE D                  PANAMA CITY FL 32405                  US</b>	Mailing Address <b>PO BOX 206                  PANAMA CITY FL 32401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>24 W 8th Street</b>	3. Mailing Address <b>PO Box 206</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Panama City, FL</b>	City & State <b>Panama City, FL</b>
Zip <b>32401</b>	Zip <b>32402</b>
Country <b>USA</b>	Country <b>US</b>

4. FEI Number <b>59-3279253</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**RANDOLPH, BERTRAND  
 457 S MCARTHUR AVE  
 PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name **Randolph, Bertrand**  
 Street Address (P.O. Box Number is Not Acceptable) **1520 Sunset Ave**  
 City **Panama City Beach FL** Zip Code **32408**

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 DATE **4/2/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RANDOLPH, BERTRAND PO BOX 206 PANAMA CITY FL 32401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VAUGHAN, DOROTHY 4120 VOYLES RD. PANAMA CITY FL 32409</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST RANDOLPH, SHELIA PO BOX 206 PANAMA CITY FL 32401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Shelia Randolph** DATE: **4/3/01** DAYTIME PHONE #: **850-522-1533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)