

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90017 038 ****61.25

DOCUMENT # N43336

1. Entity Name

OKALOOSA COUNTY'S 100 CLUB, INC.

Principal Place of Business

Mailing Address

**906 NORTH TEXAS PARKWAY
 CRESTVIEW FL 32536**

**906 NORTH TEXAS PARKWAY
 CRESTVIEW FL 32536-2140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRYAN, W.C.
 906 NORTH TEXAS PARKWAY
 CRESTVIEW FL 32536**

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	D	<input type="checkbox"/> Delete
NAME	MIKA, JOHN P.	
STREET ADDRESS	825 MAYO TRAIL	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COBB, NEAL C.	
STREET ADDRESS	RT. 2 BOX 23 B	
CITY-ST-ZIP	BAKER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIRKLAND, CARL W.	
STREET ADDRESS	6038 BLUEBERRY LANE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRYAN, W.C.	
STREET ADDRESS	906 N. TEXAS PARKWAY	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, SAM	
STREET ADDRESS	838 CONYERS	
CITY-ST-ZIP	CRESTVIEW FL	
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
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
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.C. Bryan

2-19-00

850-682-4260

Date

Daytime Phone #

CR2E037 (9/99)