2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90322 018 ****61.25

DOCUMENT # N43336

1. Entity Name
OKALOOSA COUNTY'S 100 CLUB, INC.

Principal Place of Business
906 NORTH TEXAS PARKWAY
CRESTVIEW FL 32536

Mailing Address
906 NORTH TEXAS PARKWAY
CRESTVIEW FL 32536

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRYAN, W.C.
906 NORTH TEXAS PARKWAY
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIKA, JOHN P.	NAME	
STREET ADDRESS	825 MAYO TRAIL	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COBB, NEAL C.	NAME	
STREET ADDRESS	RT. 2 BOX 23 B	STREET ADDRESS	
CITY-ST-ZIP	BAKER FL	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, CARL W.	NAME	
STREET ADDRESS	6038 BLUEBERRY LANE	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRYAN, W.C.	NAME	
STREET ADDRESS	906 N. TEXAS PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAYES, SAM	NAME	
STREET ADDRESS	838 CONYERS	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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.

850-682-4260

SIGNATURE: SIGNATURE REQUIRED W.C. Bryan 3-19-03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN OFFICERS OR DIRECTORS DATE