

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90171 027 \*\*\*\*61.25

**DOCUMENT # 700191**

1. Entity Name

**THE JUNIOR LEAGUE OF PENSACOLA, FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

**3298 SUMMIT BOULEVARD, SUITE 44  
PENSACOLA FL 32503-1319**

**3298 SUMMIT BOULEVARD, SUITE 44  
PENSACOLA FL 32503-1319**

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

**59-6166684**

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

**NICHOLS, SHEILA  
3880 BAY WIND DR  
GULF BREEZE FL 32561**

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

*Saranne J. Soule*

**4/30/02**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, SHEILA 3880 BAY WIND DR GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE ROYCROFT, ANNE 3398 VALDOR PLACE PENSACOLA FL 32503	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPER, TRACYE 7222 LAGO VISTA CT PENSACOLA FL 32506	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TE EDWARDS, MARGARET 3407 CONNELL DR PENSACOLA FL 32503	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS COBLE, DEBORAH 406 W. LLOYD ST PENSACOLA FL 32501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JOHNSON, KRISTIE 920 N. SPRING ST PENSACOLA FL 32501	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Videau, Louise 4530 Francisco Rd. Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect Bray, Becky 3300 Sugartree St. Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Soule, Saranne 3820 Maule Rd. Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer-Elect South, Leigh Ann 3925 Montalvo Rd. Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary Asmar, Meri 1280 Mahogany Mill Rd., #8 Pensacola, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary Cooper, Janice 4201 Reynosa Dr. Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Saranne J. Soule*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**

Date

Daytime Phone #

CR2E037 (9/01)