

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 730559**

1. Entity Name

**NORTH HILL PRESERVATION ASSOCIATION, INC.****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90041 023 \*\*\*\*61.25

Principal Place of Business

823 NORTH BAYLEN STREET  
P.O. BOX 12451  
PENSACOLA FL 32582

Mailing Address

823 NORTH BAYLEN STREET  
P.O. BOX 12451  
PENSACOLA FL 32582-2451

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**23-7437278**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, CHARLES R.  
611 NORTH BARCELONA STREET  
PENSACOLA FL 32501

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.

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

TITLE **TD** ☐ Delete  
NAME **MATHIS, ROGER**  
STREET ADDRESS **206 W. LLOYD STREET**  
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE **SD** ☐ Delete  
NAME **WAKEMAN, SHARON**  
STREET ADDRESS **315 W. GADSEN STREET**  
CITY-ST-ZIP **PENSACOLA 32501**TITLE **D** ☐ Delete  
NAME **WILKINS, KEITH**  
STREET ADDRESS **380 W. BRAINERD STREET**  
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE **PD** ☐ Delete  
NAME **JONES, CHARLES R.**  
STREET ADDRESS **611 NORTH BARDELON STREET**  
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE **VD** ☐ Delete  
NAME **WHITAKER, ROY**  
STREET ADDRESS **1125 NO BAYLEN ST**  
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE **D** ☐ Delete  
NAME **BOZEMAN, MARY**  
STREET ADDRESS **122 W. LLOYD STREET**  
CITY-ST-ZIP **PENSACOLA FL 32501**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TREASURER 1/17/00 450-433-529