

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90062 023 \*\*\*\*61.25

**DOCUMENT # 730559**

1. Entity Name

**NORTH HILL PRESERVATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

52 West Gonzalez St  
 Suite, Apt. #, etc.

P.O. BOX 12451  
 Suite, Apt. #, etc.

City & State

City & State

Pensacola FL

Penacola, FL

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

7. Name and Address of New Registered Agent

ODOM, WESLEY S  
 52 W GONZALEZ STREET  
 PENSACOLA FL 32501

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

*Wesley S. Odom* President

1-21-02

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: ~~PD~~ President  
 NAME: ODOM, WESLEY S  
 STREET ADDRESS: 52 W GONZALEZ STREET  
 CITY-ST-ZIP: PENSACOLA FL 32501  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: MCBRIDE, KATHLEEN  
 STREET ADDRESS: 320 W LLOYD STREET  
 CITY-ST-ZIP: PENSACOLA FL 32501  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: JONES, CHARLES R.  
 STREET ADDRESS: 811 NORTH BARDELON STREET  
 CITY-ST-ZIP: PENSACOLA FL 32501  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: BOZEMAN, MARY  
 STREET ADDRESS: 122 W. LLOYD STREET  
 CITY-ST-ZIP: PENSACOLA FL 32501  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: Linda McWilliams  
 STREET ADDRESS: 300 W Gonzalez St  
 CITY-ST-ZIP: Pensacola FL 32501 Treasurer  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: Wanda Laird  
 STREET ADDRESS: 903 N. Spring St  
 CITY-ST-ZIP: Pensacola FL  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  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:

*Wesley S. Odom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

DATE

410-7864

DAYTIME PHONE #

CR2E037 (9/01)