

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 20 AM 8:01

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 130623

1. Entity Name

Pensacola Ski Club

Principal Place of Business

Mailing Address

PO Box 12692

421 N. Palafox ST

Pensacola FL 32591 Pensacola FL

32501

2. Principal Place of Business

Pensacola FL

3. Mailing Address

NO office

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1911535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

JOHN MER TILLY
421 N. PALAFOX ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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, name or printed name of registered agent and who is acceptable.

NOTE: Registered Agent signature required when completing

DATE

FILE NOW
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Mary Kay Chapman
As beforeTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Pres Mary Kay Chapman
111 Seaside Cir
Pensacola FL 32507TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP Fred Blime
3595 Brookshire
Pensacola FL 32504TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Treas Johana Kearney
11313 Seagull Dr
Pensacola FL 32501TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Al Madhup
705 Rockland St. Cantonment FLTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Michael Spenser
10700 Bruce Bend Circle D
Pensacola FL 32504TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Laura Teach
4216 Rockland St. Pensacola FL 32504TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 due empowered.

SIGNATURE:

Johana Kearney

Johana Kearney

850-432-6189

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

11/15/02

Daytime Phone

32533

32504

11/20/02