

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744403

1. Entity Name

ELECTRICAL CONTRACTORS ASSOCIATION OF NORTHWEST

Principal Place of Business

201 SO 'F' STR  
PENSACOLA FL 32501  
US

Mailing Address

201 SO 'F' STR  
PENSACOLA FL 32501  
US

2. Principal Place of Business

906 West Main Street

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 18363

Suite, Apt. #, etc.

City & State

Pensacola Fl

Zip

32501

Country

USA

City & State

Pensacola Florida

Zip

32523

Country

USA

4. FEI Number

59-2072922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELSON, MICHELE B  
201 SOUTH "F" STREET  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

906 West Main Street

Pensacola

City

FL

Zip Code

32501

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	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOMBS, MIKE	
STREET ADDRESS	604 CANAL ST	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, JOHN	
STREET ADDRESS	8195 KIPLING STREET	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAWKINS, DAVID	
STREET ADDRESS	9220 PINE FOREST RD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, GREG	
STREET ADDRESS	76 EAST 9 MILE RD	
CITY-ST-ZIP	PENSACOLA FL 32516	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LACOSTE, SCOTT	
STREET ADDRESS	1814 BLACKBIRD LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOINER, STEVE	
STREET ADDRESS	55 SOUTH 'A' ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Gill	
STREET ADDRESS	3605 North Davis	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin McLemore	
STREET ADDRESS	3475 North "S" Street	
CITY-ST-ZIP	Pensacola FL 32505	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4474 Woodbine Rd., #3, Suite 9	
CITY-ST-ZIP	Pace FL 32571	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Kevin L. McLemore KEVIN L. McLEMORE

4-25-01

850-433-5391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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