

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90202 002 ****61.25

DOCUMENT # 748320

1. Entity Name

WEEKLEY BAYOU IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1022 MEADSON CIR.
 PENSACOLA FL 32506

1022 MEADSON CIR.
 PENSACOLA FL 32506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2757527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAWLS, DONALD D
12410 AIRBLANC DR
PENSACOLA FL 32506

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input type="checkbox"/> Delete
NAME	MEAD, JAMES
STREET ADDRESS	1022 MEADSON CIR.
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	V <input type="checkbox"/> Delete
NAME	GIBBS, MIKE
STREET ADDRESS	1066 MEADSON CIR
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	T <input type="checkbox"/> Delete
NAME	HUELSBECK, HARRY
STREET ADDRESS	12535 OPHELIA DR
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D <input type="checkbox"/> Delete
NAME	BOYD, BILL
STREET ADDRESS	12545 MEADSON RD
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D <input type="checkbox"/> Delete
NAME	WORKMAN, EDDIE
STREET ADDRESS	12540 MEADSON RD
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D <input type="checkbox"/> Delete
NAME	RAWLS, DON
STREET ADDRESS	12410 AIRBLANC DR
CITY-ST-ZIP	PENSACOLA FL 32506

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input 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:

Harry Huelbeck **HARRY HUELSBECK**

4/18/02

850438-9651 x200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)