

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/20/00-90249-042-\$61.25-\$61.25

**DOCUMENT # 759056**

1. Entity Name

**NEEDLE RUSH POINT OWNERS ASSOCIATION, INC.**

**FILED**

**00 MAR -3 PM 1:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
17119 PERDIDO KEY DRIVE  
PENSACOLA FL 32507

Mailing Address  
17119 PERDIDO KEY DRIVE  
PENSACOLA FL 32507-8205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2150395**

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

Name

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

City

**FL**

Zip Code

**SAUER, JEFFREY T.  
316 S. BAYLEN STREET  
SUITE 600  
PENSACOLA FL 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

*Robert J. BANSER* *Robert J. BANSER*

**1-13-00**

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	<del>Board Member</del> "D" <input checked="" type="checkbox"/> Delete
NAME	TRIPLETT, WILLIAM
STREET ADDRESS	610 S AVE
CITY-ST-ZIP	OPELIKA AL 36807
TITLE	<del>PRES:</del> "D" <input type="checkbox"/> Delete
NAME	WOODALL, KEITH
STREET ADDRESS	20 MEDICAL ARTS CENTER
CITY-ST-ZIP	OPELIKA AL
TITLE	TD "D" <input type="checkbox"/> Delete
NAME	BANSER, ROBERT
STREET ADDRESS	17119 PERDIDO KEY DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	<del>S</del> <input checked="" type="checkbox"/> Delete
NAME	MURPHY, JOHN
STREET ADDRESS	6842 LAKE CHARLENE DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V.P. "D" <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Box
STREET ADDRESS	3609 VANMERMAN CT.
CITY-ST-ZIP	Atlanta, GA 30339
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	Secy "D" <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Hynson
STREET ADDRESS	525 Central Ave. P.O. Box 3020
CITY-ST-ZIP	LAGRANGE, GA 30442
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:

*Robert J. BANSER* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/00 850-492-2180**

Date

Daytime Phone #

CR2 EN37 (9/99)