

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90030 023 \*\*\*\*61.25

**DOCUMENT # 766772**

1. Entity Name  
**ECONFINA ENVIRONMENTAL CLUB, INC.**



Principal Place of Business      Mailing Address  
**1001 HARRISON AVENUE      1001 HARRISON AVENUE**  
**C/O ELLIS E. FOWHAND      C/O ELLIS E. FOWHAND**  
**PANAMA CITY FL 32401      PANAMA CITY FL 32401**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number **59-2879727**      Applied For  
Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**FOVHAND, ELLIS E.**      Name  
**1001 HARRISON AVENUE**      Street Address (P.O. Box Number is Not Acceptable)  
**PANAMA CITY FL 32401**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>GARNER, JAMES</b> <b>501 W. 19TH ST.</b> <b>PANAMA CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JINKS, C L JR</b> <b>100 CHERRY STR, APT 3</b> <b>PANAMA CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, JAMES T. III</b> <b>504 CHERRY ST</b> <b>PANAMA CITY FL 32401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ISLER, CHARLES S. III</b> <b>434 MAGNOLIA AVE.</b> <b>PANAMA CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CAMPBELL, JAMES D.</b> <b>7 WEST 23RD STREET</b> <b>PANAMA CITY FL 32405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ellis E. Fowhand*      **1-6-02 1-850-785-5201**

CR2E037 (10/02)