2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90386 002 ****61.25

0067521

DOCUMENT # 768670

1. Entity Name

PENSACOLA OPERA, INC.

Principal Place of Business	Mailing Address
~~75 TARRAGONA~~ ST PENSACOLA FL 32501 US	P. O. BOX 1790 PENSACOLA FL 32598-1790 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
75 S. TARRAGONA ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2387417 ☐ 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
RUTLEDGE, WALTER K. 6560 CHAPEL ST. PENSACOLA FL 32504	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GERNON, THOMAS E 2944 CORAL STRIP PKWY GULF BREEZE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PANHORST, DONALD L 4195 SOUNDPOINTE DR GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KESSLER, DAVID C 3411 HILLSIDE AVE GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD BRIM, ALTON 6544 AVENUE DE GALVEZ NAVARRE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD PHILIP M. DOBARD P O BOX 1790 PENSACOLA, FL 32598-1790 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOGAN, FRANK E 5330 CHESTNUT LN MOLINO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD MEEKS-MULLET, RITA ~~19 SUGARBOWL LANE~~ ~~PENSACOLA BEACH FL 32561~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1318 SOUNDVIEW TRAIL GULF BREEZE, FL 32561 ☐ Change ☐ Addition

CR2E037 (10/00)

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: Philip M. Dobard PHILIP M. DOBARD 4/1/2001 850-433-6737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #