

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12550

1. Entity Name

PENSACOLA BAY, LTD.

Principal Place of Business

6919 NORTH PENSACOLA BLVD.
PENSACOLA FL 32516

Mailing Address

6919 NORTH PENSACOLA BLVD.
PENSACOLA FL 32505-1221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2242293

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

BOCCANFUSO, A R
4504 TWIN OAKS 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

A.R. Boccanfuso, General Partner

3/23/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$594,000.00

10. Amount of Capital Contribution
in FLORIDA to date.

\$594,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
BOCCANFUSO, ANTHONY R
7076 LAKE JOANNE DRIVE
PENSACOLA FL 32506

STREET ADDRESS

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/00

Date

850-478-4499

Daytime Phone #

APPROVED
AND
FILED

00 APR -3 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IDA



DO NOT WRITE IN THIS SPACE

11-1000-00