

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90034 050 \*\*\*150.00

**DOCUMENT # H27504**

1. Entity Name  
**PENSACOLA POB INCORPORATED**

Principal Place of Business      Mailing Address  
**BAPTIST MEDICAL TOWERS**      **1717 NORTH E STREET**  
**SUITE 320**      **SUITE 320**  
**PENSACOLA FL 32501**      **PENSACOLA FL 32501**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
**Ste. 320**      **Attn. J. Kehoe**  
**Pensacola, FL**

4. FEI Number **59-2462399**      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  |  |
|--|--|--|--|
| <b>VAN SLYKE, ROBERT</b><br><b>1717 N. "E" ST., STE 320</b><br><b>PENSACOLA FL 32501</b> |  | Name<br><b>Porter, John</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1717 N. "E" St., Ste. 320</b><br><br><b>Pensacola</b> <b>FL</b> <b>32501</b> |  |

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 **John Porter**      **3/20/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>PORTER, JOHN</b><br><b>1055 FLEMING</b><br><b>PENSACOLA FL</b> <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>C</b><br><b>Porter, John</b><br><b>1717 N. "E" St., Ste. 320</b><br><b>Pensacola, FL 32501</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>CARSON, VIVIAN</b><br><b>1717 NORTH E STREET, STE. 320</b><br><b>PENSACOLA FL 32501</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>AS</b><br><b>Yaden, Debra</b><br><b>1717 N. "E" St., Ste. 320</b><br><b>Pensacola, FL 32501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>VAN SLYKE, ROBERT E</b><br><b>88 HIGHPOINT DRIVE</b><br><b>GULF BREEZE FL</b> <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>ST</b><br><b>McGee, Eleanor</b><br><b>1717 N. "E" St., Ste. 321</b><br><b>Pensacola, FL 32501</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>MCGEE, ELEANOR</b><br><b>1540 GLENNA LANE</b><br><b>CANTONMENT FL</b> <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

13. 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 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Debra Yaden, Asst. Sec.**      **3/20/01**      **850/469-2339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)