

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90358 028 \*\*\*\*61.25

**DOCUMENT # N00000008006**

1. Entity Name

**PENSACOLA LEADERS, INCORPORATED**

Principal Place of Business

913 GULF BREEZE PKWY. STE 41  
 GULF BREEZE FL 32561

Mailing Address

P.O. BOX, PMB 207, 8084 N DAVIS HWY  
 PENSACOLA FL 32514

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

**59-3221945**

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

**PALMER, RAYMOND B**  
**STE 41, HARBOUR TOWN VILLAGE**  
**913 GULF BREEZE PKWY**  
**GULF BREEZE FL 32561**

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

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>JOSEPH SCHIMLEFENIG</b>	
STREET ADDRESS	<b>6413 MENDON FIELD CIRCLE</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>NICKI ESCUDE</b>	
STREET ADDRESS	<b>1411 SANDGRASS DR</b>	
CITY-ST-ZIP	<b>LB FL 32561</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>MIKE SCHMITZ</b>	
STREET ADDRESS	<b>4500 N. PALAFOX</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>	
TITLE	<b>GENERAL COUNSEL</b>	<input type="checkbox"/> Delete
NAME	<b>RAYMOND B. PALMER</b>	
STREET ADDRESS	<b>913 GB PKWY, #41</b>	
CITY-ST-ZIP	<b>GB FL 32561</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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 IIRG empowered.

SIGNATURE

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RAYMOND B. PALMER**

Date

Daytime Phone #

**5/1/01**

**850-916-1000**

CR2E037 (10/00)

76918



DO NOT WRITE IN THIS SPACE



Attachment # N 00000008006

76918

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

May 30, 2001

**PENSACOLA LEADERS, INCORPORATED**  
P.O. BOX, PMB 207, 8084 N DAVIS HWY  
PENSACOLA, FL 32514

Subject: **PENSACOLA LEADERS, INCORPORATED**

Reference N00000008006  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314