

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90750 015 ****61.25

DOCUMENT # N02000008124

1. Entity Name

I SAW YOU SAFETY & SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business

**4901 GRANDE DRIVE, SUITE A
PENSACOLA FL 32504**

Mailing Address

**4901 GRANDE DRIVE, SUITE A
PENSACOLA FL 32504**

2. Principal Place of Business

**4400 BAYOU BLVD
Suite, Apt. #, etc.
12**

3. Mailing Address

**4400 BAYOU BLVD
Suite, Apt. #, etc.
12**

City & State

Pensacola FL

City & State

FL PENSACOLA

Zip

32503

Country

USA

Zip

32503

Country

USA

4. FEI Number

03-0488244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ODOM, HOLLY H
3775 HIDDEN OAK DRIVE
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Holly H. Odom

(NOTE: Registered Agent signature required when reinstating)

3/31/2003

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

TITLE **D** ☐ Delete
NAME **ODOM, HOLLY H**
STREET ADDRESS **3775 HIDDEN OAK DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ Delete
NAME **LANGHAM, MICHAEL S**
STREET ADDRESS **2260 PINE NEEDLES CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☒ Delete
NAME **CHANEY, KURT**
STREET ADDRESS **42 BAYSHORE DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Delete
NAME **PRUITT, AL**
STREET ADDRESS **100 BAY BOULEVARD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
NAME **CONNELLY, ANN**
STREET ADDRESS **1403 E. LAKEVIEW AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
NAME **TREZZA, SCOTT M.D.**
STREET ADDRESS **2490 BELL CHRISTIANE CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32503**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

Holly H. Odom
NEQU HOLLY H. ODOM

3/31/2003
3/31/2003 (850) 471-1800

CR2E037 (10/02)