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

DOCUMENT # **N04364**

1. Entity Name

Suite, Apt. #, etc.

WRIGHT, NORMAN F

912 E GADSDEN ST PENSACOLA FL 32501

City & State

Zip

THE BETTER BUSINESS BUREAU OF NORTHWEST FLORIDA,



Principal Place of Business Mailing Address 912 E GADSDEN ST P O DRAWER 1511 PO DRAWER 1511 (ZIP 325971511) PENSACOLA FL 32501 PENSACOLA FL 32597-1511 **HS** 2. Principal Place of Business 3. Mailing Address

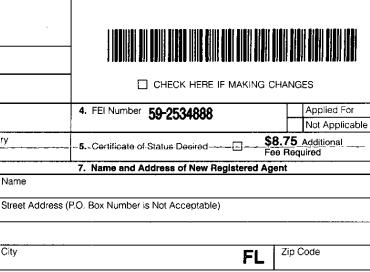
Suite, Apt. #, etc.

City & State

Zip

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90448 038 ****61.25



	The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If the obligations of registered agent.	l am familiar with,	and accept
SIC	IGNATURE		

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

Country

6. Name and Address of Current Registered Agent

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition FOLKERS, SPARKIE NAME NAME STREET ADDRESS 5030 COMMERCE PARK CIR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP D ☐ Addition ☐ Delete TITLE Change WRIGHT, NORMAN F NAME NAME STREET ADDRESS 912 E GADSDEN STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP ☐ Delete Change ☐ Addition COUTURE, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 806 BEVERLY PARKWAY CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BURCHELL, TIM NAME NAME STREET ADDRESS STREET ADDRESS 3885 N. PALAFOX ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 TITLE ☐ Delete TITLE Change Addition CAMPBELL, WILLIAM NAME NAME STREET ADDRESS 5109 BAYOU BLVD STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition BRUCE, CAPPS NAME NAME STREET ADDRESS 19 W. GARDEN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501

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:

429-0026