

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

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

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

DOCUMENT # N04364

1. Entity Name

THE BETTER BUSINESS BUREAU OF NORTHWEST FLORIDA, INC.



Principal Place of Business

**912 E GADSDEN ST
PENSACOLA FL 32501
US**

Mailing Address

**P O DRAWER 1511
PO DRAWER 1511 (ZIP 325971511)
PENSACOLA FL 32597-1511
US**

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 **59-2534888**

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

**WRIGHT, NORMAN F
912 E GADSDEN ST
PENSACOLA FL 32501**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FOLKERS, SPARKIE**
STREET ADDRESS **5030 COMMERCE PARK CIR**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **D** ☐ Delete
NAME **WRIGHT, NORMAN F**
STREET ADDRESS **912 E GADSDEN STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **D** ☐ Delete
NAME **COUTURE, RICHARD**
STREET ADDRESS **806 BEVERLY PARKWAY**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **DS** ☐ Delete
NAME **BURCHELL, TIM**
STREET ADDRESS **3885 N. PALAFOX ST**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **DV** ☐ Delete
NAME **CAMPBELL, WILLIAM**
STREET ADDRESS **5109 BAYOU BLVD**
CITY-ST-ZIP **PENSACOLA FL 32503**

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

TITLE **D** ☐ Delete
NAME **BRUCE, CAPPS**
STREET ADDRESS **19 W. GARDEN ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

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)(l), 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:

Norman F Wright **NORMAN F WRIGHT**

1/9/03

850 429-0026

CR2E037 (10/02)