

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09894

1. Entity Name

THE ESCAMBIA-SANTA ROSA BAR FOUNDATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90110 031 ****61.25

Principal Place of Business

Mailing Address

30 W GOVERNMENT
 PENSACOLA FL 32501
 US

30 W GOVERNMENT
 PENSACOLA FL 32501-5814
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2722183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSH, DOUGLAS
30 S SPRING ST
PENSACOLA FL 32501

Name **Stephen H. Echsner**
 Street Address (P.O. Box Number is Not Acceptable)
Levin Middle Brooks
316 S. Baylen St.
 City **Pensacola** **FL** Zip Code **32501**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ROLLIN JR	
STREET ADDRESS	226 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ESTD	<input type="checkbox"/> Delete
NAME	EMMANUEL, ROBERT	
STREET ADDRESS	30 S SPRING ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	President	<input type="checkbox"/> Delete
NAME	ECHSNER, STEPHEN	
STREET ADDRESS	316 S BAYLEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSH, W. DOUGLAS	
STREET ADDRESS	30 S SPRING ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, SUSAN	
STREET ADDRESS	11000 UNIVERSITY PKWY BLDG 50	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, VIRGINIA	
STREET ADDRESS	316 S BAYLEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory Farrar	
STREET ADDRESS	109 N. Palafox St, Ste. 1	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Bordelon	
STREET ADDRESS	2721 Gulf Breeze Pkwy.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA Foote	
STREET ADDRESS	30 W. Government St	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan WoodF	
STREET ADDRESS	226 Palafox Place	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Cooper	
STREET ADDRESS	15 W. Main St	
CITY-ST-ZIP	Pensacola, FL 32501	
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 like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)