

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90135 040 ****61.25

DOCUMENT # N30271

1. Entity Name

WEST FLORIDA HOME EDUCATION SUPPORT LEAGUE, INC.

Principal Place of Business

**8030 SHORT DRIVE
PENSACOLA FL 32514**

Mailing Address

**P.O. BOX 11720
PENSACOLA FL 32524**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3009995

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

**BERGER, CYNTHIA
8030 SHORT DRIVE
PENSACOLA FL 32514**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BERGER, CYNTHIA
8030 SHORT DRIVE
PENSACOLA FL 32514** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HUDSON, JAMIE
5331 WOODBINE RD
PACE FL 32571** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BACCIA, TERRY
8003 BEAVER CIR # 2
PENSACOLA FL 32534** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Gina M. Mabry
5781 Dove Drive
Pace FL 32571** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SPENCER, JOE ANN
5824 DENVER AVE
PENSACOLA FL 32524** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WIGGINS, JUDY
6321 POWELL ST
PENSACOLA FL 32534** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Baccia, Terry
8003 Beaver Cir #2
Pensacola FL 32534** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SELF, SHIELA
559 GUNTINGTON CT
PENSACOLA FL 32508** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Mike Grosjean
8073 Delta Drive
Milton FLA 32583** ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/01

Date

Daytime Phone #

CR2E037 (10/00)