

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44790

1. Entity Name

THE SANTA ROSA COUNTY CLAN OF THE LOWER CREEK MU

Principal Place of Business

2131 FAIRCHILD ST
PENSACOLA FL 32504
US

Mailing Address

2131 FAIRCHILD ST
PENSACOLA FL 32504-6516
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

59-2720194

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

JONES, CHARLES A II
2131 FAIRCHILD ST
PENSACOLA FL 32504

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

Charles A. Jones II

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-00

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 PD ☐ Delete
NAME JONES, CHARLES A SR
STREET ADDRESS 20750 CO. RD 64
CITY-ST-ZIP ROBERTSDALE AL 36567

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

TITLE SD ☐ Delete
NAME JONES, DEBORAH L
STREET ADDRESS 26418 ARD RD
CITY-ST-ZIP ROBERTSDALE AL 36567

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

TITLE TD ☐ Delete
NAME HUNT, PATRICIA
STREET ADDRESS 2131 FAIRCHILD ST
CITY-ST-ZIP PENSACOLA FL 32504

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

TITLE D ☐ Delete
NAME JONES, CHARLES A II
STREET ADDRESS 26418 ARD RD
CITY-ST-ZIP ROBERTSDALE AL 36567

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

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

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:

Patricia A. Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-00 (850) 484-882

CR2E037 (9/99)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90014 042 ****61.25



DO NOT WRITE IN THIS SPACE