

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000000962**

1. Entity Name

**PENSACOLA GREYHOUND ASSOCIATION, INC.****FILED****Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90007 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**32424 BARTEL ST  
ELBERTA AL 36530****32424 BARTEL ST  
ELBERTA AL 36530**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3421513**

Applied For

Not Applicable

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****VILES, DANNY  
951 DOG TRACK RD  
PENSACOLA FL 32506-9584**

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 **DP** ☐ Delete  
NAME **VILES, DANNY**  
STREET ADDRESS **951 DOG TRACK RD**  
CITY-ST-ZIP **PENSACOLA FL 32506**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DVPS** ☐ Delete  
NAME **ETHERIDGE, WINSTON R**  
STREET ADDRESS **10307 TANTON RD**  
CITY-ST-ZIP **PENSACOLA FL 32506**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DT** ☐ Delete  
NAME **COTTRELL, PENNY**  
STREET ADDRESS **951 DOG TRACK RD**  
CITY-ST-ZIP **PENSACOLA FL 32506**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-28-2002****251-962-1139**

CR2E037 (9/01)