

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703250

1. Entity Name

THE SOCIETY OF THE DEBUTANTE CHARITY COTILLION.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90102 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1811 N YATES AVE  
PO BOX 2274  
PENSACOLA FL 32513  
US

1811 N YATES AVE  
PO BOX 2274  
PENSACOLA FLA 32513-2274  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1050525

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DANIEL PAMELA B  
3020 BLACKSHEAR AVE  
PENSACOLA FL 32514

Name

Daniel, Pamela B

Street Address (P.O. Box Number is Not Acceptable)

1820 E. LaRue Street

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 PD  
NAME BALL, BRADEN K. MRS.  
STREET ADDRESS 1811 N YATES AVE  
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE TD  
NAME DANIEL, THOMAS A  
STREET ADDRESS 3020 BLACKSHEAR AVE  
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE SD  
NAME MCCONNELL, C F (MRS)  
STREET ADDRESS 103 BCH DR  
CITY-ST-ZIP GULF BREEZE FL

☐ Delete

TITLE D  
NAME WILLIAMS, JAY D(MRS)  
STREET ADDRESS 1401 N BARCELONA ST  
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE D  
NAME TERRELL, C. O MRS  
STREET ADDRESS 731 TANGLEWOOD DRIVE  
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE SD  
NAME ROBINSON, G. C. III (MRS)  
STREET ADDRESS 2400 CONNELL DRIVE  
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE D  
NAME Anderson, Mrs. Rhette  
STREET ADDRESS 3235 Piedmont Road  
CITY-ST-ZIP Pensacola, FL 32503

☐ Change ☒ Addition

TITLE D  
NAME Hinton, Mrs. Andrew  
STREET ADDRESS 2125 Morningstar Dr.  
CITY-ST-ZIP Pensacola, FL 32503

☐ Change ☒ Addition

TITLE D  
NAME Taylor, Mrs. David  
STREET ADDRESS 28 Star Lake Drive  
CITY-ST-ZIP Pensacola, FL 32507

☐ Change ☒ Addition

TITLE D  
NAME Leidner, Mrs. Robert  
STREET ADDRESS 617 W. 19th Ave  
CITY-ST-ZIP Pensacola, FL 32501

☐ Change ☒ Addition

TITLE TD  
NAME Daniel, Mrs. Thomas A  
STREET ADDRESS 1820 E. LaRue Street  
CITY-ST-ZIP Pensacola, FL 32501

☒ 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:

Mrs. Thomas A Daniel 3/15/00 850 433 4856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)