

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90104 024 \*\*\*\*61.25

DOCUMENT # N95000005486

1. Entity Name

ESCAMBIA HIGH SPORTS BOOSTERS' CLUB, INC.

Principal Place of Business

33 ARCHER AVE  
PENSACOLA FL 32505

Mailing Address

33 ARCHER AVE  
PENSACOLA FL 32505

2. Principal Place of Business

904 BROKEN ARROW LANE  
Suite, Apt. #, etc.

3. Mailing Address

904 BROKEN ARROW LANE  
Suite, Apt. #, etc.

City & State

CANTONMENT FL

City & State

CANTONMENT FL

4. FEI Number

59-3354700

Applied For

Not Applicable

Zip

32533

Country

ESCAMBIA

Zip

32533

Country

ESCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, WILLIAM S  
33 ARCHER AVE  
PENSACOLA FL 32505

Name

JONES WILLIAM S.

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

904 BROKEN ARROW LANE

City

CANTONMENT

FL

Zip Code

32533

7. Name and Address of New Registered Agent

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

William S Jones DP

2/8/01

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

TITLE DP  
NAME JONES, WILLIAM S  
STREET ADDRESS 33 ARCHER AVE  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE DV  
NAME NELLOMS, PAULA  
STREET ADDRESS 28 LINDA ST  
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE DST  
NAME COOPER, CHERYL  
STREET ADDRESS 7680 WEST HWY 98, APT 187  
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT  
NAME JONES WILLIAM S ☒ Change ☐ Addition  
STREET ADDRESS 904 BROKEN ARROW LANE  
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE ~~DP~~  
NAME Pelinski, CHERYL ☒ Change ☐ Addition  
STREET ADDRESS 7680 WEST HWY 98 APT 187  
CITY-ST-ZIP PENSACOLA FL 32506

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

WILLIAM S JONES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

Date

(850)479-9615

Daytime Phone #

CR2E037 (10/00)