

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000005486**

1. Entity Name

**ESCAMBIA HIGH SPORTS BOOSTERS' CLUB, INC.****FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90105 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**904 BROKEN ARROW LANE  
CANTONMENT FL 32533****904 BROKEN ARROW LANE  
CANTONMENT FL 32533**

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

**59-3354700**

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, WILLIAM S  
904 BROKEN ARROW LANE  
CANTONMENT FL 32533**

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  
**DP  
JONES, WILLIAM S  
904 BROKEN ARROW LANE  
CANTONMENT FL 32533** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
NELLOMS, PAULA  
28 LINDA ST  
PENSACOLA FL 32506** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
DOREEN GRAY  
1088 CORAL CREEK DR.  
PENSACOLA FL 32506** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
PELSINSKI, CHERYL  
7680 WEST HWY 98, APT 187  
PENSACOLA FL 32506** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
GAMES, CARNES  
5403 KEE MEMORIAL DR  
PENSACOLA FL 32507** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
TIA MORRIS  
14422 RIVER RD.  
PENSACOLA FL 32507** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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

2/14/02

Date

850-479-9615

Daytime Phone #

CR2E037 (9/01)