2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 22, 2000 8:00 am Secretary of State **DOCUMENT # 701431** MYRTLE GROVE COMMUNITY CLUB INC 02-22-2000 90001 028 ****70 00 rincipal Place of Business Mailing Address DEAD END OF 61ST SOUTH OF WESTJACKSON --- END OF 51ST SOUTH OF WESTJACKSON P O BOX 3202 O BOX 3202 ____ FL 32516 PENSACOLA FL 32516-3202 Mailing Address Principal Place of Business 3202 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 27-0007606 ENSA COLA Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 325/6 ESCAMBIA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CURRIE, GLENN 7820 TEMPLETON ROAD PENSACOLA FL 32506 City Zip Code FL 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 JULITERS. DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change ☐ Addition CR2E037 (9/99) Delete TITLE MILLER, JEFFREY B NAME STREET ADDRESS 8 SOUTH 68TH AVENUE PENSACOLA FL 32506 CITY-ST-ZIP Change ☐ Addition ☐ Delete MACON BUDDY NAME STREET ADDRESS 8101 TABAID LANE CITY-ST-ZIF ST ZIP PENSACOLA FL 32506 ☐ Change ☐ Addition SAA ☐ Delete **NESMITH, DONALD R JR** 318 PALOMINO CIRCLE STREET ADDRESS CITY-ST-ZIP ST-ZIP PENSACOLA FL 32506 ☐ Change ☐ Addition ☐ Delete TITLE CURRIE, GLENN NAME STREET ADDRESS 7820 TEMPLETON RD. CITY-ST-ZIP ST-7IP PENSACOLA FL Change ☐ Addition ☐ Delete TITI F THOMAS, WALTER M. NAME STREET ADDRESS ************ 322 N. 61ST AVE. CITY-ST-ZIP ST-7IP PENSACOLA FL Change ☐ Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP 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

Daytime Phone #

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