

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-16-2001 90136 001 ***122.50

DOCUMENT # 701431

1. Entity Name

MYRTLE GROVE COMMUNITY CLUB INC

Principal Place of Business

Mailing Address

DEAD END OF 61ST SOUTH OF WESTJACKSON
 P O BOX 3202
 PENSACOLA FL 32516

P O BOX 3202
 PENSACOLA FL 32516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0007606

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

CURRIE, GLENN
 7820 TEMPLETON ROAD
 PENSACOLA FL 32506

Name: **Vicki Ruschel**
 Street Address (P.O. Box Number is Not Acceptable): **520 Long Lake Dr**
 City: **Pensacola** FL Zip Code: **32506**

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: *Vicki Ruschel* *Vicki Ruschel* 5-1-01
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, JEFFREY B	
STREET ADDRESS	8 SOUTH 68TH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACON, BUDDY	
STREET ADDRESS	8101 TABAID LANE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	SAA	<input type="checkbox"/> Delete
NAME	NESMITH, DONALD R JR	
STREET ADDRESS	318 PALOMINO CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRIE, GLENN	
STREET ADDRESS	7820 TEMPLETON RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, WALTER M.	
STREET ADDRESS	322 N. 61ST AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY SCAPECCH	
STREET ADDRESS	99 NORTH 61ST AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	D
TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCE CHILDERS	
STREET ADDRESS	7396 ESTHER DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	D
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMMY THOMPSON	
STREET ADDRESS	931 N. 59th AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	D
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKI RUSCHEL	
STREET ADDRESS	520 Long Lake Dr	
CITY-ST-ZIP	PENSACOLA FL 32506	D
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Victoria Rios Quintana Ruschel* 5/1/01 (850) 438-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)