ESS REPORT (UBR) FILED

Apr 18, 2002 8:00 am Secretary of State

04-18-2002 90415 031 ****61.25

2002 UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # 701431

MYRTLE GROVE COMMUNITY CLUB INC

Principal Place of Business

Mailing Address

DEAD END OF 61ST SOUTH OF WESTJACKSON

P O BOX 3202

P O BOX 3202 PENSACOLA FL 32516 PENSACOLA FL 32516

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DO NOT WRITE IN THIS SPACE

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 Reg	istered A	gent		
			. Name			

RUSCHEL RUSCKER, VICKI 520 LONG LAKE DRIVE PENSACOLA FL 32506

 KUSCHEL	
ox 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.				
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SIG	NATURE	Signature, typed or printed name of registered agent and title it 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

e Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD SCAPECCHI TITLE TITLE ☐ Delete ☐ Change ☐ Addition SCAPECAOI, LARRY NAME NAME STREET ADDRESS 99 NORTH 61ST AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32506 VPD ☐ Addition TITLE ☐ Delete TITLE ☐ Change CHILDERS, VINCE NAME NAME STREET ADDRESS STREET ADDRESS 7596 ESTHER DRIVE CITY=ST-ZIP-PENSACOLA FL-32506~ CITY:St:ZIP-TITLE ☐ Delete TITLE Change ☐ Addition THOMPSON, TAMMY NAME NAME 951 N 59TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32506 TD Ruscher Change ☐ Addition TITLE ☐ Delete TITLE RUSCKER, VICKI NAME NAME STREET ADDRESS 520 LONG LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32506 Delete ☐ Change TITLE TITLE Addition THOMAS, WALTER M. NAME NAME STREET ADDRESS 322 N. 61ST AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

60-6-4

(80) 438-1622 Daytima Phone # CR2E037 (9)