

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701572

1. Entity Name

T.T. WENTWORTH, JR. HISTORICAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

8380 N PALAFOX HWY
P O BOX 7238
PENSACOLA FL 32534
US

P O BOX 7238
PENSACOLA FL 32534
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6152455

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

WENTWORTH, T W
8380 N PALAFOX HWY, P O BOX 7238
PENSACOLA FL 32534

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	PD YANCEY, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS	5049 RIVERHILL ROAD	
CITY-ST-ZIP	MARIETTA GA	
TITLE NAME	VD WENTWORTH, HELEN J	<input type="checkbox"/> Delete
STREET ADDRESS	8380 N PALAFOX HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	D HOWINGTON, J E	<input type="checkbox"/> Delete
STREET ADDRESS	75 GRAVES RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	SD WENWORTH, A D	<input type="checkbox"/> Delete
STREET ADDRESS	4933 ANETTE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	TD WENTWORTH, T. W.	<input type="checkbox"/> Delete
STREET ADDRESS	8380 N PALAFOX HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	DE BELOUS, RUSSELL E ((DIED))	<input checked="" type="checkbox"/> Delete X
STREET ADDRESS	6372 ANTIFAM DR	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

T.T. WENTWORTH

T.W. WENTWORTH 2-5-02 850-476-3443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90104 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)