

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90113 022 \*\*\*\*\*70.00

**DOCUMENT # 702298**

1. Entity Name

**BENEVOLENT ORDER OF OMEGA INCORPORATED**



Principal Place of Business

**1023 NORTH DEVILLIES STREET  
PENSACOLA FL 32501**

Mailing Address

**1023 NORTH DEVILLIES STREET  
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1652229**

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

**SCOTT, THOMAS J.  
1105 E BAARS STREET  
PENSACOLA FL 32503**

Name **Eric Bolling**

Street Address (P.O. Box Number is Not Acceptable)

**1217 N Devilliers Street**

City **Pensacola**

FL Zip Code **32501**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Eric Bolling**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**08/09/03**

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete  
NAME **SCOTT, T. J.**  
STREET ADDRESS **1105 E BAARS STREET**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Eric Bolling**  
STREET ADDRESS **1217 N. Devilliers Street**  
CITY-ST-ZIP **Pensacola, Florida 32501**

TITLE **D** ☐ Delete  
NAME **CHALLINS, GEORGE**  
STREET ADDRESS **1530 E CROSS ST**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **BARNETT, PATE**  
STREET ADDRESS **2517 NORTH L STREET**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NED LANE,**  
STREET ADDRESS **2360 SILVERSIDES LOOP**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Eric Bolling**

**08.16.03**

**450 4384231**

CR2E037 (4/03)