

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702847

1. Entity Name

PENSACOLA STEAMSHIP ASSOCIATION, INC.

Principal Place of Business

700 S BARRACKS STREET,
BUILDING #2
PENSACOLA FL 32501
US

Mailing Address

PO BOX 12921
PENSACOLA FL 32576-2921
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

59-1945251

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

RIVALS, RUBY B.
710 E TEN MILE ROAD
PENSACOLA FL 32514

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 P
NAME LEATHERBURY, THOMAS ☐ Delete
STREET ADDRESS 208 ALABAMA STREET DOCKS ADMIN BLDG #55
CITY-ST-ZIP MOBILE AL

TITLE P ☐ Change ☒ Addition
NAME Pat Downey
STREET ADDRESS 5323 W. Highway 98
CITY-ST-ZIP Panama City, FL 32401

TITLE D ☐ Delete
NAME STALLINGS, DOUG
STREET ADDRESS 211 N CONCEPTION STREET
CITY-ST-ZIP MOBILE, AL 00000

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

TITLE D ☐ Delete
NAME GIESE, OTTO
STREET ADDRESS 312 W. MAIN ST.
CITY-ST-ZIP PENSACOLA, FL 00000

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

TITLE D ☐ Delete
NAME SMITH, BOBBY
STREET ADDRESS 208 ALABAMA STATE DOCS ADMIN BLDG
CITY-ST-ZIP MOBILE AL

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

TITLE VD ☐ Delete
NAME MATTINGLY, NED
STREET ADDRESS 211 N CONCEPTION ST
CITY-ST-ZIP MOBILE AL

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:

Ned Mattingly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Mattingly

(850) 438-2710

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90068 024 ****61.25



DO NOT WRITE IN THIS SPACE