

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 702847**

1. Entity Name

PENSACOLA STEAMSHIP ASSOCIATION, INC.

Principal Place of Business

5323 W HWY 98
PANAMA CITY FL 32401
US

Mailing Address

PO BOX 12921
PENSACOLA FL 32576
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

RIVAIS, 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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STALLINGS, DOUG**
CITY-ST-ZIP **211 N CONCEPTION STREET**
MOBILE, AL 00000TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GIESE, OTTO**
CITY-ST-ZIP **312 W. MAIN ST.**
PENSACOLA, FL 00000TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, BOBBY**
CITY-ST-ZIP **208 ALABAMA STATE DOCS ADMIN BLDG**
MOBILE ALTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **MATTINGLY, NED**
CITY-ST-ZIP **211 N CONCEPTION ST**
MOBILE ALTITLE ☐ Delete
NAME **P**
STREET ADDRESS **DOWNEY, PAT**
CITY-ST-ZIP **5323 W. HWY 98**
PANAMA CITY FL 32401TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Mattingly, Ned**
CITY-ST-ZIP **211 N. Conception St.**
Mobile, Alabama 36601TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Downey, Pat**
CITY-ST-ZIP **5323 W. Hwy 98**
Panama City, FL 32401TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **James Darnley**
CITY-ST-ZIP **208 Ala. State Docs Admin Bldg**
Mobile, AL 36601

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***REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90012 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)