

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 030 ****61.25

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

P.O. Box 12921

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSA CO 19, FL

Zip

Country

Zip

Country

32591-2921

US

4. FEI Number **59-1945251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 **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 **P** ☐ Delete
NAME **MATTINGLY, NED**
STREET ADDRESS **211 N CONCEPTION ST**
CITY-ST-ZIP **MOBILE AL 36601**

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

TITLE **D** ☐ Delete
NAME **DOWNEY, PAT**
STREET ADDRESS **5323 W. HWY 98**
CITY-ST-ZIP **PANAMA CITY FL 32401**

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

TITLE **VP** ☐ Delete
NAME **DARNLEY, JAMES**
STREET ADDRESS **208 ALA. STATE DOCS ADMIN BLDG**
CITY-ST-ZIP **MOBILE AL 36601**

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: _____

SIGNATURE REQUIRED

CR2E037 (10/02)