

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

0017792

**DOCUMENT # 703319**

1. Entity Name

**CLUB 61 INC**

03-14-2001 90208 013 \*\*\*\*61.25

Principal Place of Business

1015 N. K. STREET  
 PENSACOLA FL 32501  
 US

Mailing Address

PO BOX 17733  
 PENSACOLA FL 32522  
 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

**59-1421055**

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

**STANFIELD, WILLIE H., JR.**  
**1009 N "K" STREET**  
**PENSACOLA FL 32501**

Name

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

**1015 N "K" ST**  
 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.

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 ☐ Delete  
 NAME **PMD**  
 STREET ADDRESS **STANFIELD, WILLIE H. JR**  
 CITY-ST-ZIP **1009 N. K. ST.**  
**PENSACOLA FL**

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

TITLE ☐ Delete  
 NAME **TMD**  
 STREET ADDRESS **MINOR EMMA R.**  
 CITY-ST-ZIP **116 WARWICK AVE**  
**PENSACOLA FL**

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

TITLE ☐ Delete  
 NAME **VM**  
 STREET ADDRESS **SINKFIELD, WILLIAM M. JR.**  
 CITY-ST-ZIP **1209 W BOBE ST**  
**PENSACOLA FL**

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

TITLE ☐ Delete  
 NAME **SM**  
 STREET ADDRESS **SPENCER, ANNIE MAE**  
 CITY-ST-ZIP **56 PAGE ST**  
**PENSACOLA FL**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SMALL, WILLIE JR.**  
 CITY-ST-ZIP **1808 BOBE ST.**  
**PENSACOLA FL**

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:** *Willie H. Stanfield Jr.* **WILLIE H. STANFIELD, JR.** 3/11/01 850-432023  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)