

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-05-2002 90087 006 ****70.00

DOCUMENT # 703319

1. Entity Name

CLUB 61 INC

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1015 N. K. ST.

City & State

PENSACOLA FLORIDA

Zip

Country

32501

ESCAMBIA

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

Name

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

City

FL

Zip Code

**STANFIELD, WILLIE H., JR.
 1015 N "K" STREET
 PENSACOLA FL 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

TITLE	PMD	<input type="checkbox"/> Delete
NAME	STANFIELD, WILLIE H. JR	
STREET ADDRESS	1009 N. K. ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TMD	<input type="checkbox"/> Delete
NAME	MINOR EMMA R.	
STREET ADDRESS	116 WARWICK AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VM	<input type="checkbox"/> Delete
NAME	SINKFIELD, WILLIAM M. JR.	
STREET ADDRESS	1209 W BOBE ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SM	<input type="checkbox"/> Delete
NAME	SPENCER, ANNIE MAE	
STREET ADDRESS	56 PAGE ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMALL, WILLIE JR.	
STREET ADDRESS	1808 BOBE ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCER, ANNIE MAE	
STREET ADDRESS	56 PAGE ST.	
CITY-ST-ZIP	PENSACOLA, FLA.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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., PMD, 2-20-2002/850-4320232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)