

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90786 003 \*\*\*\*70.00

**DOCUMENT # 703335**

1. Entity Name

**LAKEVIEW CENTER, INC.**



Principal Place of Business

**1221 W LAKEVIEW  
C/O MORRIS L EADDY  
PENSACOLA FL 32501**

Mailing Address

**1221 W LAKEVIEW  
C/O MORRIS L EADDY  
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*c/o Gary L. Bembry*

Suite, Apt. #, etc.

*c/o Gary L. Bembry*

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0737872**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EADDY, MORRIS L  
1221 W LAKEVIEW AVE  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

*Gary L. Bembry*

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

*1221 W. Lakeview Ave.*

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

SIGNATURE

*Gary L. Bembry*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/26/03*

**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

TITLE **VCD** ☐ Delete  
NAME **LANDRUM, H B JR**  
STREET ADDRESS **4050 BEVEDERE DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **CD** ☐ Delete  
NAME **DURHAN, MICHAEL**  
STREET ADDRESS **P.O. BOX 510 N/A**  
CITY-ST-ZIP **PENSACOLA FL 32593**

TITLE **S** ☐ Delete  
NAME **POWELL, MELBA K**  
STREET ADDRESS **11610 CABOT ST**  
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE **P** ☐ Delete  
NAME **EADDY, MORRIS L**  
STREET ADDRESS **4000 COLLINGSWOOD RD**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete  
NAME **BOND, FRED**  
STREET ADDRESS **4305 D'EVEREAUX DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **Gary L. Bembry**  
STREET ADDRESS **3454 Marcus Point Blvd.**  
CITY-ST-ZIP **Pensacola, FL 32505**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*GARY L. BEMBRY*  
**SIGNATURE REQUIRED**

*2/26/03*

*850-469-3700*

CR2E037 (10/02)