

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706858

1. Entity Name

PENSACOLA HERITAGE FOUNDATION INC

Principal Place of Business

410 SOUTH FLORIDA BLANCA
PO BOX 12424
PENSACOLA FL 32582

Mailing Address

410 SOUTH FLORIDA BLANCA
PO BOX 12424
PENSACOLA FL 32582

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

59-6159380

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

KIEVIT, KELLY & ODOM, P.A.
15 WEST MAIN ST
PENSACOLA FL 32501

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 \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JIM	
STREET ADDRESS	593 BAY CLIFF CR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VP PD	<input type="checkbox"/> Delete
NAME	REEDER, WES	
STREET ADDRESS	105 BEACH DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TANCK, JIM	
STREET ADDRESS	214 MIRABELLE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KANE, TIM	
STREET ADDRESS	1823 N 9TH AVE W	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reeder, Wes	
STREET ADDRESS	103 Beach Dr.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Kane	
STREET ADDRESS	1823 N. 9th Ave., W	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Tauck	
STREET ADDRESS	214 Mirabelle Cr.	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marsha Cole	
STREET ADDRESS	601 Port Royal Way	
CITY-ST-ZIP	Pensacola, FL 32501	
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		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 438-6505

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90012 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)