

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

04-25-2001 90002 013 ****61.25

DOCUMENT # 707831

1. Entity Name

PENSACOLA PEOPLE TO PEOPLE COUNCIL, INC.

Principal Place of Business

PO BOX 9131
PENSACOLA FL 32513-9131
US

Mailing Address

PO BOX 9131
PENSACOLA FL 32513-9131
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

59-1110437

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

**MITCHELL, TAMARA
1417 LEMHURST RD
PENSACOLA FL 32507**

Name

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

2730 Sunrunner Lane

City

Gulf Breeze

FL

Zip Code
32561

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]
Signature, typed or printed name of registered agent and title if applicable.

CHING Y. MURPHY
(NOTE: Registered Agent signature required when reinstating)

11-17-2001
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	VD	☐ Delete
NAME	CRENSHAW, SARA W.	
STREET ADDRESS	2013 DOWNING DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	☒ Delete
NAME	MITCHELL, TAMARA	
STREET ADDRESS	1417 LEMHURST RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☒ Delete
NAME	PARKER, JULIE	
STREET ADDRESS	4145 MONTALVO ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ Delete
NAME	SALM, PAUL	
STREET ADDRESS	518 CITATION DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	DT	☒ Delete
NAME	JOHNS, JUANITA	
STREET ADDRESS	6885 COMMUNITY DR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☐ Change ☐ Addition
NAME	Lubowitz, Adela	
STREET ADDRESS	100 Nightingale Lane	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	Vice President	☐ Change ☐ Addition
NAME	Price, Maribeth	
STREET ADDRESS	1328 Tiger Lane	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	Treasurer	☐ Change ☐ Addition
NAME	Murphy, Ching	
STREET ADDRESS	2730 Sunrunner Lane	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	☐ Change ☐ Addition
NAME	Sargent, Marcia	
STREET ADDRESS	19 W. Garden ST.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	☐ Change ☐ Addition
NAME	Goltermann Glen	
STREET ADDRESS	11000 University Pkwy	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	☐ Change ☐ Addition
NAME	Treise, Rick	
STREET ADDRESS	690 Barracks St. #4	
CITY-ST-ZIP	Pensacola, FL 32501	

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

11-17-2001
Date

809327971
Daytime Phone #

CR2E037 (10/00)