

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90098 040 \*\*\*\*\*70.00

**DOCUMENT # 712163**

1. Entity Name

**PENSACOLA MUSEUM OF ART, INC.**

Principal Place of Business

Mailing Address

**407 SOUTH JEFFERSON STREET  
PENSACOLA FL 32501**

**407 SOUTH JEFFERSON STREET  
PENSACOLA FL 32501**

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

**59-0785780**

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

**PARTINGTON, BRUCE D  
1701 E. LARUA 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

T ☐ Delete  
NAME LORREN, MARGARET N  
STREET ADDRESS 3438 CHANTARENE DR  
CITY-ST-ZIP PENSACOLA FL 32507

PE/I ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST ☒ Delete  
NAME MCALPIN, CLIFFORD S  
STREET ADDRESS 900 E MORENO ST  
CITY-ST-ZIP PENSACOLA FL 32503

S/T ☐ Change ☒ Addition  
NAME MOULTON, WRIGHT  
STREET ADDRESS 4110 STRINGFIELD RD  
CITY-ST-ZIP PENSACOLA, FL 32503

PT ☐ Delete  
NAME PARTINGTON, BRUCE  
STREET ADDRESS 1701 E LARUA ST  
CITY-ST-ZIP PENSACOLA FL

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

PT ☒ Delete  
NAME BARROW, SCOTT L  
STREET ADDRESS 3400 DUNWOODY DR  
CITY-ST-ZIP PENSACOLA FL 32503

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

VT ☐ Delete  
NAME JIPSON, JAMES  
STREET ADDRESS 1430 E. LAKEVIEW AVE.  
CITY-ST-ZIP PENSACOLA FL 32503

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T/T ☐ Change ☒ Addition  
NAME RODGERS, M. CASEY  
STREET ADDRESS 635 BONILACE CIR  
CITY-ST-ZIP GULF BREEZE FL 32561

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:

**BRUCE D. PARTINGTON, PRES.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)