

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90150 037 \*\*\*\*61.25

**DOCUMENT # 714684**

1. Entity Name

**HISTORIC PENSACOLA, INC.**

Principal Place of Business

Mailing Address

120 EAST CHURCH STREET  
 PENSACOLA FL 32501

120 EAST CHURCH STREET  
 PENSACOLA FL 32501-5941

2. Principal Place of Business

3. Mailing Address

P.O. Box 12866

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120 E. Church Street

City & State

City & State

Pensacola, FL 32501

4. FEI Number

23-7009319

Applied For

Not Applicable

Zip

Country

Zip

Country

32576-2866

Escambia

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELS, JOHN P**  
**4080 DUNWOODY DR.**  
**PENSACOLA FL 32503**

Name **John P. Daniels**

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

**120 E. Church Street**

**Pensacola, Florida 32501**

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.

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 **CD**  Delete  
 NAME **BOWDEN, J EARLE**  
 STREET ADDRESS **2220 MCCUTCHEN PL**  
 CITY-ST-ZIP **PENSACOLA, FL 00000 32503**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DST**  Delete  
 NAME **BROWN, KAREN**  
 STREET ADDRESS **304 WEST GADSDEN STREET**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **D**  Change  Addition  
 NAME **Daughtry, Denise**  
 STREET ADDRESS **226 E. Intendencia St.**  
 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **DV**  Delete  
 NAME **RENTZ, LUCY**  
 STREET ADDRESS **4795 VELASQUEZ PLACE**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MARX, MORRIS L DR.**  
 STREET ADDRESS **2620 DUNSINANE ROAD**  
 CITY-ST-ZIP **PENSACOLA, FL 00000**

TITLE **D**  Change  Addition  
 NAME **Wakeman, Sharon L.**  
 STREET ADDRESS **315 West Gadsden St.**  
 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **D**  Delete  
 NAME **CURRIN, B.M. DR.**  
 STREET ADDRESS **18 WEST WRIGHT STREET**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **QUINA, CARTER**  
 STREET ADDRESS **400 WEST ROMANA STREET**  
 CITY-ST-ZIP **PENSACOLA FL**

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:

*Lucy Rentz* (Lucy Rentz)

1/10/2000 850-595-5985 Ext. 10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)