

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90259 002 ****61.25

DOCUMENT # 714684

1. Entity Name

WEST FLORIDA HISTORIC PRESERVATION, INC.

Principal Place of Business

Mailing Address

120 EAST CHURCH STREET
 PENSACOLA FL 32501

P O BOX 12866
 PENSACOLA FL 32576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7009319

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

DANIELS, JOHN P
120 E CHURCH 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 Delete
 NAME **CD**
BOWDEN, J EARLE
 STREET ADDRESS **2220 MCCUTCHEM PL**
 CITY-ST-ZIP **PENSACOLA, FL 00000 32503**

TITLE Change Addition
 NAME **D**
Dr. Jacqueline Y. Young
 STREET ADDRESS **131 Calle de Santiago**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE Delete
 NAME **D**
DAUGHTRY, DENISE
 STREET ADDRESS **226 E INTENDENCIA ST**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE Change Addition
 NAME **D**
Marx, Morris Dr.
 STREET ADDRESS **11000 University Pkwy**
 CITY-ST-ZIP **Pensacola, FL 32514**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
LANGHORNE, PATSY
 STREET ADDRESS **42 STAR LAKE DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
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 Delete
 NAME **D**
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 information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02

Date

850-595-5985

Daytime Phone #

CR2E037 (9/01)