

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90005 044 ****61.25

DOCUMENT # 720240

1. Entity Name

PENSACOLA FEDERATION OF MUSICIANS, INC.

Principal Place of Business

Mailing Address

1401 WEST INTENDENCIA
PENSACOLA FL 32501
US

1401 WEST INTENDENCIA
PENSACOLA FL 32501-4571
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2 N. PALAFOX ST

2 N. PALAFOX ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 211

SUITE 211

City & State

City & State

PENSACOLA, FL

PENSACOLA, FL

Zip

Country

Zip

Country

32501

USA

32501

USA

4. FEI Number

59-0871930

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

**MARTIN, HELEN
3710 STONEWALL AVE
PENSACOLA FL 32507**

Name

MCMURRY, DOUGLAS

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

315 NORTH M STREET

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 **DOUGLAS W. MCMURRY, Secretary/Treasurer**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

[Signature] **5/1/2000**

**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	D	<input type="checkbox"/> Delete
NAME	CETTI, CHARLES	
STREET ADDRESS	1202 N 12TH AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTIN, HELEN	
STREET ADDRESS	3710 STONEWALL AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FILLINGIM, THOMAS A.	
STREET ADDRESS	3133 KECK RD.	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSELL, ROY E.	
STREET ADDRESS	4523 MONTEPELIER DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNE, FRANK	
STREET ADDRESS	306 N PINWOOD LANE	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, HELEN	
STREET ADDRESS	3710 STONEWALL AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
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		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMURRY, DOUGLAS	
STREET ADDRESS	315 NORTH M ST	
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.

HELEN MARTIN

SIGNATURE: **DOUGLAS W. MCMURRY** *[Signature]* **5-1-2000 (850) 432-5018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)