

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720500

1. Entity Name

NORTHWEST FLORIDA IMPROVEMENT ASSOCIATION OF PEN

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90147 001 \*\*\*\*\*5.00

04-29-2000 90147 002 \*\*\*\*\*61.25

04-29-2000 90147 003 \*\*\*\*\*8.75

Principal Place of Business	Mailing Address
802 EAST BRAINERD STREET PENSACOLA FL 32503	802 EAST BRAINERD STREET PENSACOLA FL 32503-5947

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3081259	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TAITE, CHARLIE L 802 E. BRAINERD ST. PENSACOLA FL 32503

7. Name and Address of New Registered Agent		
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 Charlie L. Taite DATE April 18, 2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25.	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	TAITE, CHARLIE L
STREET ADDRESS	802 E. BRAINERD ST.
CITY-ST-ZIP	PENSACOLA, FL 32503 32503
TITLE	VD <input type="checkbox"/> Delete
NAME	TAITE, SAMMIE M.
STREET ADDRESS	802 E. BRAINERD ST
CITY-ST-ZIP	PENSACOLA, FL 32503 32503
TITLE	SD <input type="checkbox"/> Delete
NAME	TIBBS, TOMMY E
STREET ADDRESS	2704 FRANKS COURT
CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	TD <input type="checkbox"/> Delete
NAME	WILLIAMS, MARY ANN
STREET ADDRESS	399-A HANDCOCK LANE
CITY-ST-ZIP	PENSACOLA, FL 32504 32504
TITLE	CBD <input type="checkbox"/> Delete
NAME	KNIGHT, JOE L.
STREET ADDRESS	3418 WEST FISHER ST
CITY-ST-ZIP	PENSACOLA, FL 32504 32504
TITLE	DOM <input type="checkbox"/> Delete
NAME	GANDY, SAMUEL L.
STREET ADDRESS	723 EAST BOBE ST
CITY-ST-ZIP	PENSACOLA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charlie L. Taite SIGNATURE REQUIRED April 18, 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)