

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90474 045 \*\*\*\*61.25

**DOCUMENT # 733942**

1. Entity Name

**AUBURN CLUB OF WEST FLORIDA, INC.**



Principal Place of Business

**P.O. BOX 468  
PENSACOLA FL 32592  
US**

Mailing Address

**P.O. BOX 468  
PENSACOLA FL 32592  
US**

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 **59-1624353**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENZ, ROBERT A.  
1823 N. 19TH AVE.  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FAIRCHILD, WILLIAM</b>	
STREET ADDRESS	<b>1338 MAZULEK BLVD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PARRIS, RUSS</b>	
STREET ADDRESS	<b>1409 E. VONGE ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PARRIS, LISA</b>	
STREET ADDRESS	<b>1409 E. VONGE ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, HAYDEN</b>	
STREET ADDRESS	<b>1428 SOUND FOREST RD</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Russ Parris</b>	
STREET ADDRESS	<b>1917 N. 19th Ave.</b>	
CITY-ST-ZIP	<b>Pensacola, FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William Meador</b>	
STREET ADDRESS	<b>779 Whitney Dr.</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32503</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mitzi Maeder</b>	
STREET ADDRESS	<b>3505 Goldenwood Way</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32504</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roger Sherman</b>	
STREET ADDRESS	<b>2430 Connell Dr.</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32503</b>	
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

**SIGNATURE REQUIRED**

**3-15-3 514-7680**

CR2E037 (10/02)