

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737741

1. Entity Name

PENSACOLA BEACH LEASEHOLDERS AND RESIDENTS ASSOCIATION, INC.

Principal Place of Business

PO BOX 341
GULF BREEZE FL 32562
US

Mailing Address

PO BOX 341
GULF BREEZE FL 32562
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

59-1714109

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, NEIL
4430 YOUNG RD
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name CAMPANELLA, THOMAS

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

106 SIQUENZA DR.

City PENSACOLA BEACH

FL

Zip Code 32561

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

Thomas Campanella

3/26/02

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, NEIL	
STREET ADDRESS	4430 YOUNG RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	UFERT, MIKE	
STREET ADDRESS	1511 VIA DE LUNA	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TURK, KENNETH E	
STREET ADDRESS	1600 VIA DE LUNA #E-108	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAGYAROSS, DEBRA	
STREET ADDRESS	1710 VIA DE LUNA	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPANELLA, THOMAS	
STREET ADDRESS	106 SIQUENZA DR	
CITY-ST-ZIP	PENSACOLA BEACH, FL. 32561	
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:

Kenneth E. Turk

3/26/02 (850) 932-2051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90248 024 ****61.25

361977



DO NOT WRITE IN THIS SPACE