

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746601

1. Entity Name

PENSACOLA-ESCAMBIA CLEAN COMMUNITY COMMISSION, I

Principal Place of Business

Mailing Address

312 W MAIN ST
PENSACOLA FL 32501

312 W MAIN ST
PENSACOLA FL 32501-5561

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

59-1863230

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

MCCORMICK, GEORGE H
312 W MAIN STREET
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 NAME	CD SNYDER, ROBERT E	<input type="checkbox"/> Delete
STREET ADDRESS	3435 N. ALCANIZ ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE NAME	VCD KIZZIAH, JOHN M	<input type="checkbox"/> Delete
STREET ADDRESS	4300 BAYOU BLVD., STE. 30	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE NAME	TD MALOY, ROBERT C	<input type="checkbox"/> Delete
STREET ADDRESS	101 W. GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE NAME	SD BOONE, LAVONE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4950 WOODCLIFFE DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE NAME	D MCCORMICK, GEORGE H	<input type="checkbox"/> Delete
STREET ADDRESS	1165 SEABREEZE LANE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD Adrian P. Remke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1717 North "E" Street Suite 320 POB 17500	
CITY-ST-ZIP	Pensacola, FL 32522-7500	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

Tel 98500 438-1178

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George H. McCormick, Executive Director

Daytime Phone #

CR2E037 (9/99)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90062 029 ****70.00



DO NOT WRITE IN THIS SPACE