

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90177 008 ****70.00

DOCUMENT # 746601

1. Entity Name

PENSACOLA-ESCAMBIA CLEAN COMMUNITY COMMISSION, I NC.

Principal Place of Business

Mailing Address

**312 W MAIN ST
PENSACOLA FL 32501**

**312 W MAIN ST
PENSACOLA FL 32501**

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
GWINN E. CORLEY

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

312 W MAIN 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: *GWINN E. CORLEY* **GWINN E. CORLEY, EXECUTIVE DIRECTOR**

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 **CD** ☒ Delete
NAME **REMKE, ADRIAN P**
STREET ADDRESS **312 W. MAIN ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **CD** ☒ Change ☐ Addition
NAME **JOHN A. PARKIN**
STREET ADDRESS **600 N BARRACKS ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **VCD** ☒ Delete
NAME **PARKIN, JACK A**
STREET ADDRESS **600 N. BARRACKS ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **VCD** ☒ Change ☐ Addition
NAME **(VACANT)**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **MALOY, ROBERT C**
STREET ADDRESS **101 W. GARDEN ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **TD** ☒ Change ☐ Addition
NAME **VAN GOODLOE**
STREET ADDRESS **117 W GARDEN ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **SD** ☒ Delete
NAME **GARCIA, MARGIE**
STREET ADDRESS **117 W.GARDEN ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **SD** ☒ Change ☐ Addition
NAME **TOM JOHNSON**
STREET ADDRESS **140 GOVERNMENTAL CENTER**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☒ Delete
NAME **MCCORMICK, GEORGE H**
STREET ADDRESS **1165 SEABREEZE LANE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☒ Change ☐ Addition
NAME **GWINN E. CORLEY**
STREET ADDRESS **9975 SCENIC HIGHWAY**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ 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: *JOHN A. PARKIN* **JOHN A. PARKIN** ☒ **CHAIRMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 444-9330

CR2E037 (9/01)