

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91245 012 *****70.00

DOCUMENT # 747944

1. Entity Name

DEEP WATER CITY LODGE, NO. 751, OF ESCAMBIA COUN

Principal Place of Business

**304 NORTH COYLE STREET
 PENSACOLA FL 32501**

Mailing Address

**P.O. BOX 2661
 PENSACOLA FL 32513-2661**

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

59-0520359

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**STANTON, DAN
 626 WYHNEHURST ST
 PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

MICHAEL A. RUSS

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

124 E. LARUA ST

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

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	0	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, JOHN	
STREET ADDRESS	710 SCENIC HWY, #205	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STANTON, DAN	
STREET ADDRESS	626 WYNNEN ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	T. WEBBER, FLOYD G	
STREET ADDRESS	2017 E CROSS ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SNOWDEN, TOMMY	
STREET ADDRESS	7555 LONG MEADOW LN	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	T GRADY, EMMANUEL	
STREET ADDRESS	1200 BELAIR RD	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	1580 LEPLY RD	
CITY-ST-ZIP	PENSACOLA FL 32534	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	0	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTON JAMES A.	
STREET ADDRESS	715 GENTIAN DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL RUSS A.	
STREET ADDRESS	124 E. LARUA ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS DAN	
STREET ADDRESS	511 W. GADSDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDERSON Alford	
STREET ADDRESS	6521 ANTRETOM DR.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newton JOHN	
STREET ADDRESS	710 SCENIC HWY #205	
CITY-ST-ZIP	PENSACOLA FL 32503	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)