

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90268 019 \*\*\*\*61.25

**DOCUMENT # 747944**

1. Entity Name

**DEEP WATER CITY LODGE, NO. 751, OF ESCAMBIA COUN  
 TY, FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

**304 NORTH COYLE STREET  
 PENSACOLA FL 32501**

**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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSS, MICHAEL A  
 124 EAST LAURA STREET  
 PENSACOLA FL 32502**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-29-2*

**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 STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>GASTON, JAMES A.</b> <b>715 GENTIAN DRIVE</b> <b>PENSACOLA FL 32503</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RUSS, MICHAEL A</b> <b>124 EAST LAURA STREET</b> <b>PENSACOLA FL 32501</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>EVANS, DAN</b> <b>511 WEST GADSDEN STREET</b> <b>PENSACOLA FL 32501</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RANDERSON, ALFRED</b> <b>6521 AMTRETOM DRIVE</b> <b>PENSACOLA FL 32503</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NEWTON, JOHN</b> <b>710 SENIC HIGHWAY #205</b> <b>PENSACOLA FL 32505</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMS, JOHN</b> <b>1580 LEPLY RD</b> <b>PENSACOLA FL 32534</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Robert Blankenship</b> <b>304 N. COYLE ST</b> <b>PENSACOLA FL 32501</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Allen Moore</b> <b>3400 W. YOUNG ST</b> <b>PENSACOLA FL 32505</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Sylvester Hollop Jr</b> <b>873 welcome Dr</b> <b>PENSACOLA FL 32533</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

*4-29-2*

CR2E037 (9/01)