

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749835

1. Entity Name

THE RHYTHM LOVERS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90035 005 ****61.25

Principal Place of Business

1000 S. "K" STREET
PENSACOLA FL 32501

Mailing Address

P.O. BOX 17293
PENSACOLA FL 32522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

EKSTROM, BESS
3221 W. JACKSON ST.
PENSACOLA FL 32505

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

BESS EKSTROM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12 Sept 00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	SD	<input type="checkbox"/> Delete
NAME	EKSTROM, BESS	
STREET ADDRESS	3221 W JACKSON ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTHARD ED S.	
STREET ADDRESS	4045 COLLINGSWOOD ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GEMMELL, CHARLES	
STREET ADDRESS	5540 SHAMROCK	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS, CAROLYN	
STREET ADDRESS	2802 PINERIDGE DR	
CITY-ST-ZIP	LILLIAN AL 32549	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELLIS, DAVID H	
STREET ADDRESS	6405 E. BAY BLVD.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
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	
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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:

DAVID H. ELLIS TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12 Sept 2000 932-6654

CR2E037 (5/00)