

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90250 005 *****61.25

0017795

DOCUMENT # 749835

1. Entity Name

THE RHYTHM LOVERS, INC.

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

Zip

Country

Zip

Country

4. FEI Numt

59-300-1235-9

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

C0050145



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Walter G. Wallace**

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

6740 Scotts Place

City **Pensacola**

FL

Zip Code **32526**

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 **Walter G. Wallace, Vice-President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Walter G. Wallace 4/5/01

**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 **SD** ☐ Delete
NAME **EKSTROM, BESS**
STREET ADDRESS **3221 W JACKSON ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ Delete
NAME **GOTHARD ED S.**
STREET ADDRESS **4045 COLLINGSWOOD ROAD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **PD** ☐ Delete
NAME **GEMMELL, CHARLES**
STREET ADDRESS **5540 SHAMROCK**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **VD** ☐ Delete
NAME **THOMAS, CAROLYN**
STREET ADDRESS **2802 PINERIDGE DR**
CITY-ST-ZIP **LILLIAN AL 32549**

TITLE **TD** ☐ Delete
NAME **ELLIS, DAVID H**
STREET ADDRESS **6405 E. BAY BLVD.**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition
NAME **Linda Sharp**
STREET ADDRESS **4130 April Road**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Carolyn J. Thomas**
STREET ADDRESS **2802 Pine Ridge Drive**
CITY-ST-ZIP **Lillian, AL 36549**

TITLE **VD** ☒ Change ☐ Addition
NAME **Walter G. Wallace**
STREET ADDRESS **6740 Scotts Place**
CITY-ST-ZIP **Pensacola, FL 32526**

TITLE **TD** ☒ Change ☐ Addition
NAME **William D. Tate**
STREET ADDRESS **1243 Pensacola Drive**
CITY-ST-ZIP **Lillian, AL 36549**

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: **William D. Tate** **March 28, 2001** **334-961-1737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)