

2/27/0

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

02-27-2002 90039 002 ****61.25

DOCUMENT # 751571

1. Entity Name

FRIENDS OF THE SAENGER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 13666
PENSACOLA FL 32591
US

P. O. BOX 13666
PENSACOLA FL 32591
US

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

59-2015462

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

LEE, DOUG
118 S. PALAFOX STREET
PENSACOLA FL 32501

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, 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

PD WEEKS, SHERRI
5100 N. 9TH AVE D-425
PENSACOLA FL 32504

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TD GROSS, MRS. JOHN
2708 BLACKSHEAR
PENSACOLA FL

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

VD BRICK, JOHN H.
3715 DUNWODY DRIVE
PENSACOLA FL 32503

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

D Carter Quina
400 W. Romana St.
Pensacola, FL 32501

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Patricia A. Gross, Treasurer 2-14-02 850/433-1513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/In Phone #

CR2E037 (9/01)