

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760263

1. Entity Name

PENSACOLA SPECIAL STEPPERS, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90181 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

BAYVIEW COMMUNITY CEN.  
20TH & LLOYD STREETS  
PENSACOLA FL 32503  
US

C/O TERRY KELLEN  
P.O. BOX 11313  
PENSACOLA FL 32524-1313  
4S

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

59-2145881

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

Name

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

City

FL

Zip Code

CHERRY FRANK  
257 MAN-O-WAR CIRCLE  
CANTONMENT FL 32533

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:**  
**FEF 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 ☐ Delete  
NAME PD  
STREET ADDRESS CROWN, MARIE  
CITY-ST-ZIP 8 BESMA DRIVE  
PENSACOLA FL

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS FAULKENBERRY, BARBARA  
CITY-ST-ZIP 3492 MAI KAI DR  
PENSACOLA FL 32506

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS MCLIN, MARY  
CITY-ST-ZIP 942 FAIRWAY DR.  
PENSACOLA FL 32506

TITLE ☐ Delete  
NAME AD  
STREET ADDRESS CHERRY, FRANK G  
CITY-ST-ZIP 257 MAN O WAR  
CANTONMENT FL 32533

TITLE ☐ Delete  
NAME FTT  
STREET ADDRESS KELLEN, TERRY  
CITY-ST-ZIP 3945 HIDDEN OAK DRIVE  
PENSACOLA FL 32504

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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: *Terry Kellen* 850-477-5946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #