

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765489

1. Entity Name

BRITISH WEST FLORIDIANS CLUB INCORPORATED

Principal Place of Business

Mailing Address

1924 SOUTHWING CIRCLE
PENSACOLA FL 32506
US

1924 SOUTHWING CIRCLE
PENSACOLA FL 32506
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

59-2306536

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

JEAN M. CURTIS
1924 SOUTHWING CIRCLE
PENSACOLA FL 32506

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

TITLE PD
NAME NULTY, PENNY
STREET ADDRESS 6250 LAINER DR
CITY-ST-ZIP PENSACOLA FL 32504 ☒ Delete

TITLE VP
NAME BRIAN DAVIES
STREET ADDRESS 3404 OAKTREE LANE
CITY-ST-ZIP PACE, FL 32571 ☐ Change ☐ Addition

TITLE FVPD
NAME CATHEY, EDNA
STREET ADDRESS 710 SCENIC HWY., #305
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE SD
NAME JONES, MARY
STREET ADDRESS 2985 BANCHETTE SQUARE
CITY-ST-ZIP GULF BREEZE FL ☒ Delete

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

TITLE TD
NAME CURTIS, JEAN M
STREET ADDRESS 1924 SOUTHWIND CIR.
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

JEAN M. CURTIS
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 453-3316

Date

Daytime Phone #

CR2E037 (9/01)