

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90107 028 ****75.25

DOCUMENT # 767949

1. Entity Name

THE 20/20 MEN'S SOCIAL AND CIVIL CLUB INC.



Principal Place of Business

Mailing Address

**3221 N. ALCANIZ ST
PENSACOLA FL 32503**

**1830 E. SCOTT ST
PENSACOLA FL 32503-5429**

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 **59-3451577**

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

**DURGINS, JOHN L.
1830 E. SCOTT ST.
PENSACOLA FL 32503**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABNER, WILLIE C <i>Willie J McConico</i> <input type="checkbox"/> Delete 918 N STRONG ST <i>3417 W. LEE ST</i> PENSACOLA FL 32501 <i>PENSACOLA FL 32505</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCONICO, WILLIE J <i>John D. Keach</i> <input type="checkbox"/> Delete 3117 W LEE ST <i>1217 W. LEE ST</i> PENSACOLA FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DURGINS, JOHN L. 1830 E SCOTT ST PENSACOLA FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BARNETT, JOHN L 1314 N. 6TH AVE PENSACOLA FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JONES, CARL 1014 N. B STREET PENSACOLA FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WATER, DAVIS J 2909 RHYTHM ST PENSACOLA FL 32505

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: *SIGNATURE REQUIRED* **PRESIDENT** *1-6-03* *950-4333161*