

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769041

1. Entity Name

KIPLING PLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7699 KIPLING ST UNIT A
PENSACOLA FL 32514
US

7699 KIPLING ST UNIT A
PENSACOLA FL 32514
US

2. Principal Place of Business

3. Mailing Address

7704 A Kipling ST
Suite, Apt. #, etc.

7704 A Kipling ST
Suite, Apt. #, etc.

City & State

City & State

Pensacola FL

Pensacola FL

Zip 32514

Country Escambia

Zip 32514

Country Escambia

4. FEI Number

59-2837941

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

FINLEY, EDITH Y
7699 KIPLING ST UNIT A
PENSACOLA FL 32514

Name Ronald Steele

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

7704 A Kipling ST

City Pensacola

FL

Zip Code 32514

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

Ronald Steele

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

(NOTE: Registered Agent signature required when reinstating)

1/11/02

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 NAME STREET ADDRESS CITY-ST-ZIP	VD FITZGERALD, BETTY 7700-A KIPLING STREET PENSACOLA FL 32514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEELE, RONALD JR 7704A KIPLING PL PENSACOLA FL 32514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FINLEY, EDITH V 7699 KIPLING ST UNIT A PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Steele Ronald Jr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jim Barnes 8052 Malibu Circle Pensacola FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronald Steele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/02 494 1282

Daytime Phone #

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-23-2002 90012 008 ****61.25

17172



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)