

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791123

1. Entity Name

SANTA ROSA PEST MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

215B ALABAMA STREET, P.O. BOX 37
SANTA ROSA COUNTY CIVIC CENTER
JAY FL 32565

Mailing Address

215B ALABAMA STREET, P.O. BOX 37
SANTA ROSA COUNTY CIVIC CENTER
JAY FL 32565-0037

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

59-2144722

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

DIAMOND, MICKEY
2517 CAMORS DRIVE
JAY FL 32565

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 ☐ Delete
NAME D
STREET ADDRESS EDWARDS, ALAN
CITY-ST-ZIP RT. 2 BOX 386
JAY FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS SMITH, LEWIE J
CITY-ST-ZIP 3075 HICKORY HOLLOW LANE
JAY FL

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

TITLE ☐ Delete
NAME P
STREET ADDRESS DIAMOND, JOHN M.
CITY-ST-ZIP 12778 HWY 197
JAY FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS NOLES, GEORGE
CITY-ST-ZIP 5665 JESSE ALLEN ROAD
MILTON FL

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS DIAMOND, MICKEY
CITY-ST-ZIP 2517 CAMORS ROAD
JAY FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LOWRY, JIMMY J
CITY-ST-ZIP 4407 HWY 4 E
JAY FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90189 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4/13/00 (850) 625-6630