

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A12550**

1. Entity Name

PENSACOLA BAY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
0467

02 JAN 29 PM 3:58

Principal Place of Business

**6919 NORTH PENSACOLA BLVD.
PENSACOLA FL 32516**

Mailing Address

**6919 NORTH PENSACOLA BLVD.
PENSACOLA FL 32516**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-2242293

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOCCANFUSO, A R
4504 TWIN OAKS DR.
PENSACOLA FL 32506**

Name

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

7589 W. HWY 98

City

PENSACOLA

FL

Zip Code

32506

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.

A.R. BOCCANFUSO, GENERAL PARTNER

DATE

1/21/02

9. Capital Contributions
as Shown on record.

\$594,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BOCCANFUSO, ANTHONY R
7076 LAKE JOANNE DRIVE
PENSACOLA FL 32506**

STREET ADDRESS

CITY-ST-ZIP

800004880608--9

-02/05/02--01058--024

******526.25 ****526.25**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X

SIGNATURE: A.R. BOCCANFUSO

1/21/01 850-478-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)