

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G93360

1. Entity Name

NORMAN GROUP, INC.

Principal Place of Business

% SUSAN S. NORMAN
16795 PERDIDO KEY DR.
PENSACOLA FL 32507

Mailing Address

% SUSAN S. NORMAN
16795 PERDIDO KEY DR.
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

615 Bayshore Dr. #301

Suite, Apt. #, etc.

615 Bayshore Dr. #301

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32507

Country

U.S.

Zip

32507

Country

U.S.

4. FEI Number

59-2411567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, SUSAN S.
16795 PERDIDO KEY DR.
B1003
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

Norman, Susan S.

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

615 Bayshore Dr. #301

City

Pensacola

FL

Zip Code

32507

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME NORMAN, SUSAN S.
STREET ADDRESS 16795 PERDIDO KEY DR. #B1003
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete
NAME NORMAN, JAMES E
STREET ADDRESS 1000 WILSON BLVD
CITY-ST-ZIP ARLINGTON VA

TITLE D ☐ Delete
NAME GRIFFITHS, BRENDA N
STREET ADDRESS 3330 NORTH LAKE PARKWAY
CITY-ST-ZIP ATLANTA GA 30345

TITLE D ☐ Delete
NAME BOLINGER, SUSAN N.
STREET ADDRESS 11 HAWTHORNE VILLAGE
CITY-ST-ZIP CONCORD MA 01742

TITLE D ☐ Delete
NAME NORMAN, GEOFFREY W
STREET ADDRESS P O BOX 358 N/A
CITY-ST-ZIP DORSET VT 05251

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Norman, Susan S.
STREET ADDRESS 615 Bayshore Dr. #301
CITY-ST-ZIP Pensacola, FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Zip Code 22229

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

TITLE D ☒ Change ☐ Addition
NAME Bolinger, Susan E.
STREET ADDRESS 147 Wright St
CITY-ST-ZIP Concord, MA 01742

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Norman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2001

Date

Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-13-2001 90068 018 ***150.00

34902



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)