

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008942

1. Entity Name
PENSACOLA MOVIE, LLC

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
226 PALAFOX PLACE
6TH FL
PENSACOLA FL 32501

Mailing Address
PO BOX 710
PENSACOLA FL 32593-0710



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
59-362760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

SCHILL, LAWRENCE C
226 PALAFOX PLACE
6TH FL
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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. (NOT: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **MEMBER** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MEMBER** ☐ Change ☒ Addition
STREET ADDRESS **J. COLLIER MERRILL**
CITY-ST-ZIP **226 S. PALAFOX 6th Floor**
PENSACOLA, FL 32501

TITLE NAME **MEMBER** ☐ Change ☒ Addition
STREET ADDRESS **MICHAEL TWIGG**
CITY-ST-ZIP **600 S. BARRACKS SUITE 102**
PENSACOLA, FL 32501

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **0000004220440-4**
CITY-ST-ZIP **-05/16/01--01097--022**
*******50.00 *****50.00**

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. Collier Merrill J. COLLIER MERRILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
MEMBER 4-25-01 850-438-0955
Date Daytime Phone #

CR2E083 (11/00)