

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90001 031 \*\*\*550.00

**DOCUMENT # M67534**

1. Entity Name

**MACPHERSON SAILING ENTERPRISES, INC.**

Principal Place of Business

**372 FT PICKENS RD  
 PENSACOLA FL 32561  
 US**

Mailing Address

**372 FT PICKENS RD  
 PENSACOLA BEACH FL 32561  
 US**

2. Principal Place of Business

**4004 LONGWOOD CIRCLE  
 Suite, Apt. #, etc.**

3. Mailing Address

**4004 LONGWOOD CIRCLE  
 Suite, Apt. #, etc.**

City & State

**GULF BREEZE**

City & State

**GULF BREEZE**

Zip

**32561**

Country

**SANTA ROSA**

Zip

**32561**

Country

**SANTA ROSA**

4. FEI Number

**59-2877040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BONNIE S MACPHERSON  
 2950 LANGLEY AVE  
 PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

Name

**BONNIE S. MACPHERSON**

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

**4004 LONGWOOD CIRCLE**

City

**GULF BREEZE**

**FL**

Zip Code

**32561**

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

**Bonnie S. MacPherson, President**

**5/30/01**

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

(NOT)

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	PD	<input type="checkbox"/> Delete
NAME	MACPHERSON, BONNIE S	
STREET ADDRESS	372 FT PICKENS RD	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACPHERSON, JOHN	
STREET ADDRESS	372 FT PICKENS RD	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNIE S. MACPHERSON	
STREET ADDRESS	4004 LONGWOOD CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MACPHERSON	
STREET ADDRESS	4004 LONGWOOD CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Bonnie S. MacPherson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/30/01**  
 Date

**850-916-4934**  
 Daytime Phone #

CR2E034 (10/00)