

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90106 022 ****61.25

DOCUMENT # N000000011.16

1. Entity Name

PANHANDLE REGIONAL FOOD BANK, INC.

Principal Place of Business

**5200 SAUFLEY FIELD RD.
 PENSACOLA FL 32526**

Mailing Address

**5200 SAUFLEY FIELD RD.
 PENSACOLA FL 32526**

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

59-3626726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LOVALLO, JOSEPH P SR
 5200 SAUFLEY FIELD RD.
 PENSACOLA FL 32526**

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.

(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

TITLE ☐ Delete
 NAME **PD LOVALLO, JOSEPH P**
 STREET ADDRESS **5774 FIREST HILLS LN.**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
 NAME **VD MARS, DEWEY W**
 STREET ADDRESS **5387 OLD BERRYHILL RD.**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
 NAME **SD CROSBY, BRENDA**
 STREET ADDRESS **3471 E. KINGSFIELD RD.**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete
 NAME **D JOHNSON, EDWIN M**
 STREET ADDRESS **1207 HAMILTON BRIDGE RD.**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
 NAME **D GUNTON, RENITA H**
 STREET ADDRESS **116 HINOTE ST.**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
 NAME **D WILLIAMS, WILLIE**
 STREET ADDRESS **2933 MICHAEL DR.**
 CITY-ST-ZIP **PENSACOLA FL 32505**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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: BRENDA CROSBY **SECRETRES** **4/27/01 (850) 937-8772**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)