

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90165 043 \*\*\*\*61.25

**DOCUMENT # N00000002499**

1. Entity Name

**PENSACOLA CHARTER HALL BUILDING ASSOCIATION, INC**



Principal Place of Business

**519 N PALAFOX ST  
PENSACOLA FL 32501**

Mailing Address

**519 N PALAFOX ST  
PENSACOLA FL 32501**

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 **23-7142603**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FRIVISON, BRIAN  
519 N PALAFOX ST  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **FRIVISON, BRIAN**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLUSKY, M J</b>	
STREET ADDRESS	<b>398 MILLS AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BRUNO, PAUL JR</b>	
STREET ADDRESS	<b>619 N BAYLEN ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAGUIRE, MIKE</b>	
STREET ADDRESS	<b>3680 WHISPERING PINES</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRONU, ROBERT A</b>	
STREET ADDRESS	<b>9619 SIDNEY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BOWEN, DAIEL E</b>	
STREET ADDRESS	<b>800 S "F" ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, MICHAEL J JR</b>	
STREET ADDRESS	<b>2630 BELLE CHRISTIANE CIR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	

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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Margiotti, Vincent</b>	
STREET ADDRESS	<b>3835 Potosi M.</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32504</b>	
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		

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: *Matthew J. McCluskey* **Matthew J. McCluskey** 4-21-03 850-438-4105

CR2E037 (10/02)