

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**  
 05-05-2001 90829 005 \*\*\*\*61.25

**DOCUMENT # N00000002537**

1. Entity Name

**NORTH ESCAMBIA SWIM BOOSTER CLUB, INC.**

Principal Place of Business

**3800 HAYMAN LANE  
 WALNUT HILL FL 32568**

Mailing Address

**3800 HAYMAN LANE  
 WALNUT HILL FL 32568**

2. Principal Place of Business

**4100 West Highway 4**

3. Mailing Address

**4100 West Highway 4**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Century, FL 32535**

City & State

**Century, FL 32535**

Zip

**32535**

Country

**USA**

Zip

**32535**

Country

**USA**

4. FEI Number

**59358-5878**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GREEN, JAMES R  
 625 NORTH NINTH AVE.  
 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.

(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	PD	<input checked="" type="checkbox"/> Delete
NAME	SPENCE, MARY A	
STREET ADDRESS	51 SOUTH CYPRESS ST.	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRYAN, CHRISTA	
STREET ADDRESS	5051 WIGGINS LAKE ROAD	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RIGBY, SHERRY	
STREET ADDRESS	HWY 99A	
CITY-ST-ZIP	WALNUT HILL FL 32568	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rigby, Sherry	
STREET ADDRESS	4180 Hwy 99A	
CITY-ST-ZIP	WALNUT HILL, FL 32568	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bevins, Marcia	
STREET ADDRESS	6110 Arbutus Drive	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan, Krista	
STREET ADDRESS	5051 Wiggins Lake Rd	
CITY-ST-ZIP	WALNUT HILL, FL 32568	
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		

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:

**Krista Bryan**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-27-01 (850) 327-4166**

CR2E037 (10/00)