

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90315 049 \*\*\*\*61.25

0066960

**DOCUMENT # N00000002837**

1. Entity Name

**ST. MICHAEL'S CEMETERY FOUNDATION OF PENSACOLA**

*LA*

Principal Place of Business

Mailing Address

6 NORTH ALGANIZ STREET  
 PENSACOLA FL 32501

P.O. BOX 13602  
 PENSACOLA FL 32591-3602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3641870

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUIR, THOMAS JR  
 120 EAST CHURCH STREET  
 PENSACOLA FL 32501

Name **Peter Miles**

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

**Whitney National Bank**

**101 W. Garden St.**

City

**Pensacola**

FL

Zip Code

**32501**

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

*Peter C. Miles*

**Peter C. Miles, President/Director**

**3-27-01**

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

(NOTE: Registered Agent signature required when reissuing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME MUIR, THOMAS JR  
 STREET ADDRESS 1705 EAST CROSS STREET  
 CITY-ST-ZIP PENSACOLA FL 32503  Delete

TITLE PD  
 NAME Peter C. Miles  
 STREET ADDRESS 40 Whitney Bank  
 CITY-ST-ZIP 101 W. Garden St. Pensacola, FL 32501  Change  Addition

TITLE VD  
 NAME STRINGFIELD, MARGO  
 STREET ADDRESS 209 BAYSHORE DRIVE  
 CITY-ST-ZIP PENSACOLA FL 32507  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE CD  
 NAME FETTERMAN, NANCY  
 STREET ADDRESS 24 LAKESIDE DRIVE  
 CITY-ST-ZIP PENSACOLA FL 32507-3408  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE TD  
 NAME REEVES, JAMES J  
 STREET ADDRESS 730 BAYFRONT PARKWAY  
 CITY-ST-ZIP PENSACOLA FL 32501  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE S  
 NAME MOSS, VERN  
 STREET ADDRESS 418 NORTH 72ND AVENUE  
 CITY-ST-ZIP PENSACOLA FL 32504  Delete

TITLE SD  
 NAME Laurence H. Grimes, Jr  
 STREET ADDRESS 1409 Lemhurst Road  
 CITY-ST-ZIP Pensacola, FL 32507  Change  Addition

TITLE D  
 NAME ANSON, HENRY O  
 STREET ADDRESS 4080 KING ARTHUR DRIVE  
 CITY-ST-ZIP PENSACOLA FL 32514  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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:

*Peter C. Miles*

**Peter C. Miles, President**

**3-27-01**

850/444-3225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)