

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003190

1. Entity Name

THE PENSACOLA RESTORATION BRANCH OF THE REORGANI

Principal Place of Business

1025 FLEMING DRIVE
PENSACOLA FL 32514

Mailing Address

1025 FLEMING DRIVE
PENSACOLA FL 32514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00009557



6. Name and Address of Current Registered Agent

GILMORE, A. DALE
1025 FLEMING DRIVE
PENSACOLA FL 32514

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 ☐ Delete
NAME GILMORE, DALE
STREET ADDRESS 1025 FLEMING DRIVE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE SD ☐ Delete
NAME PAROBY, CARMEN
STREET ADDRESS 5659 TWIN CREEK CIRCLE
CITY-ST-ZIP PACE FL 32571

TITLE TD ☐ Delete
NAME MANNING, SUE
STREET ADDRESS 10413 PINE HILL TERRACE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☐ Delete
NAME CALHOUN, AMMON
STREET ADDRESS 5904 CASTLE DRIVE
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ Delete
NAME CALHOUN, DELPHA G
STREET ADDRESS 5904 CASTLE DRIVE
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ Delete
NAME FREDRICKSON, ONELIA
STREET ADDRESS 611 LAURA STREET
CITY-ST-ZIP PENSACOLA FL 32534

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

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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: A. Dale Gilmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01 850-968-0160
Date Daytime Phone #

CR2E037 (10/00)