

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90002 028 ****70.00

0002663

DOCUMENT # N00000004809

1. Entity Name

PENSACOLA FIGURE SKATING CLUB, INC.

(18)

Principal Place of Business

Mailing Address

~~596 BAY CLIFFS CIR.~~
~~GULF BREEZE FL 32561-4804~~
~~Pensacola Civic Center~~
~~201 E. Gregory Street~~
~~Pensacola FL 32501~~

596 BAY CLIFFS CIR.
 GULF BREEZE FL 32561-4804

2. Principal Place of Business

3. Mailing Address

Pensacola Civic Center
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

201 E. Gregory Street
 City & State

City & State

Pensacola Florida

Zip

Country

Zip

Country

32501

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMMERS, DANIEL
3829 SCENIC WAY
PENSACOLA FL 32504

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 reinstalling)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 **D** ☐ Delete
 NAME **SUMMERS, DANIEL**
 STREET ADDRESS **3829 SCENIC WAY**
 CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **D** ☐ Delete
 NAME **SUMMERS, JANET**
 STREET ADDRESS **3829 SCENIC WAY**
 CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **D** ☐ Delete
 NAME **HOLMES, JUDY**
 STREET ADDRESS **596 BAY CLIFFS CIR.**
 CITY-ST-ZIP **GULF BREEZE FL 32561-4804**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Daniel Summers

8-19-01

850 436-4766

CR2E037 (5/01)