

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90003 015 \*\*\*\*70.00

**DOCUMENT # N00000004809**

1. Entity Name

**PENSACOLA FIGURE SKATING CLUB, INC.**

Principal Place of Business

**PENSACOLA CIVIC CENTER  
 201 E. GREGORY STREET  
 PENSACOLA FL 32501**

Mailing Address

**596 BAY CLIFFS CIR.  
 GULF BREEZE FL 32561-4804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**SUMMERS, DANIEL  
 3829 SCENIC WAY  
 PENSACOLA FL 32504**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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 **D** ☐ Change ☒ Addition  
 NAME **Carol Cook**  
 STREET ADDRESS **3410 Oakmont Drive**  
 CITY-ST-ZIP **Pensacola, Florida 32503**

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  
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 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:

**SIGNATURE REQUIRED**

**8-25-02**

**850 436-4766**

CR2E037 (4/02)