

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**  
04-23-2003 90141 026 \*\*\*61.25

**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**

**4. FEI Number 11-3645115**

**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**

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

**Name**

**JUDY HOLMES**

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

**596 BAY CLIFFS DR**

**City**

**GULF BREEZE**

**FL**

**Zip Code**

**32561**

**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** **JUDY HOLMES**

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

**(NOTE: Registered Agent signature required when reinstating)**

**DATE**

**4/17/03**

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida 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** **DIRECTOR / TREASURER** ☐ Change ☒ Addition  
**NAME** **CHRIS P. FARRUGIA**  
**STREET ADDRESS** **4510 BATBROOK DRIVE**  
**CITY-ST-ZIP** **PENSACOLA, FL 32514**

**TITLE** **D** ☐ Delete  
**NAME** **COOK, CAROL**  
**STREET ADDRESS** **3410 OAKMONT DRIVE**  
**CITY-ST-ZIP** **PENSACOLA FL 32503**

**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:** **SIGNATURE REQUIRED**

**4/17/03 (850) 492-7647**

CR2E037 (10/02)