

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90017 033 ****61.25

DOCUMENT # N00000006216

1. Entity Name

EMERALD COAST CHAPTER OF SILVER WINGS FRATERNITY

Principal Place of Business

**3722 DE LOACH ST.
PENSACOLA FL 32514**

Mailing Address

**3722 DE LOACH ST.
PENSACOLA FL 32514**

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

59-3686913

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

**WALLS, JAMES M
3722 DE LOACH ST.
PENSACOLA FL 32514**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-------|-----------------------|------------------------|---------------------------|---------------------------------|--|
| | | | | <input type="checkbox"/> Delete | P/D | JAMES M. WALLS | 3722 DE LOACH ST | PENSACOLA, FL. 32514-6320 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | V/D | ALBERT S. BORCHIK, JR | 31 PEBBLE BEACH DRIVE | SHALIMAR, FL. 32579 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | S/D | RICHARD S. GRIFFITH | 2760 SEMORAN CIR. | PENSACOLA, FL. 32503 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | T/D | BOB MCGOWN | 194 S. CAMPBELLTON LN. | PENSACOLA, FL. 32506 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> 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: *JAMES M. WALLS* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01 (850) 477-6631

Date

Daytime Phone #

CR2E037 (10/00)