

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90162 029 ****61.25

DOCUMENT # NO1000000001

1. Entity Name

THE SANTA ROSA ISLAND TRIATHLON, INC.



Principal Place of Business

**3801 MAULE ROAD
PENSACOLA FL 32503**

Mailing Address

**3801 MAULE ROAD
PENSACOLA FL 32503**

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 **59-3703661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNIGHT, ANN
3801 MAULE ROAD
PENSACOLA FL 32503**

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. 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

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	<input type="checkbox"/> Delete
NAME	KNIGHT, ANN M	
STREET ADDRESS	3801 MAULE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, CHARLES H	
STREET ADDRESS	3801 MAULE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALIN, JANE	
STREET ADDRESS	2813 LANGLEY AVENUE #115	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIBBS, RONALD V	
STREET ADDRESS	1137 TIGER TRACE BLVD.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, PAUL	
STREET ADDRESS	1519 E. LARUA STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	O	<input type="checkbox"/> Delete
NAME	FITZHUGH L. MILLER	ADDITION
STREET ADDRESS	1914 LODGEPOLE DRIVE	
CITY-ST-ZIP	MILTON, FL 32583	

TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALLY T. MILLER	
STREET ADDRESS	1914 LODGEPOLE DRIVE	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER E. HICKMAN	
STREET ADDRESS	3535 ROTHSCHILD DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 of Jane Malin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

850-932-2257

Date

Daytime Phone #

CR2E037 (10/02)