

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02971

1. Entity Name

PORT ROYAL COMMUNITY ASSOCIATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90073 018 ****61.25

Principal Place of Business

Mailing Address

~~713 S. PALAFOX STREET~~
PENSACOLA FL 32501

~~713 S. PALAFOX STREET~~
PENSACOLA FL 32501-5935

2. Principal Place of Business

3. Mailing Address

P.O. Box 12711

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL

Zip

Country

Zip

Country

32575

4. FEI Number

59-3582891

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

BREAZELL, LEIGHTON
504 PORT ROYAL WAY
PENSACOLA FL 32501

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 DPV ☐ Delete
NAME HEATH, ROBERT N
STREET ADDRESS 1220 DUNFORD PLACE
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE PD ☐ Delete
NAME BREAZEAL, LEIGHTON
STREET ADDRESS 504 PORT ROYAL WAY
CITY-ST-ZIP PENSACOLA FL 32501

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

TITLE D ☐ Delete
NAME KINSER, RALPH
STREET ADDRESS 808 PORT ROYAL WAY
CITY-ST-ZIP PENSACOLA FL 32501

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

TITLE DS ☐ Delete
NAME BULLOCK, KEITH
STREET ADDRESS 200 S. TARRAGONA
CITY-ST-ZIP PENSACOLA FL 32501

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

TITLE TD ☐ Delete
NAME CARR, JOHN S
STREET ADDRESS 125 S. ALCANIZ
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17 West Cedar Street, Suite #3
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: *X Leighton Breazeal* REQUIRED President.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X MARCH-08-99

Date

Daytime Phone #

CR2E037 (9/99)