

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90070 033 \*\*\*\*61.25

**DOCUMENT # N07338**

1. Entity Name

**GULF COAST ECONOMICS CLUB, INC.**

Principal Place of Business

Mailing Address

1600 N. PALAFOX ST  
PENSACOLA FL 32501  
US

1600 N. PALAFOX ST  
PENSACOLA FL 32501-2137  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2676159**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CALLAWAY, MARY M**  
**1600 N. PALAFOX ST**  
**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:**  
**FEF 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	PD	<input checked="" type="checkbox"/> Delete
NAME	WERNICKE, PATTI	
STREET ADDRESS	3695 NORTH "L" STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, RICHARD	
STREET ADDRESS	1100 UNIVERSITY PARKWAY UWF	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PENDLETON, BEN	
STREET ADDRESS	4630 BAYWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREY, MICHAEL	
STREET ADDRESS	117 W. GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALLAWAY, MARY M	
STREET ADDRESS	1600 N. PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMART, STEVE	
STREET ADDRESS	316 S. BAYLEN STREET., STE 590	
CITY-ST-ZIP	PENSACOLA FL 32501	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Rick Harper, UWF	
STREET ADDRESS	11000 University Parkway	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	VPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Willem	
STREET ADDRESS	3435 N. 12th Ave.	
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)(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:

*Mary M. Callaway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000  
Mary M. Callaway, Treasurer

Date

Daytime Phone #

CR2E037 (9/99)