

2000 UNIFORM BUSINESS REPORT (UBR)

0014926

DOCUMENT # N07340
 1. Entity Name
909 BUILDING EAST CONDOMINIUM ASSOCIATION, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 28 PM 3:57

Principal Place of Business Mailing Address
 C/O CHARLES LIBERIS C/O CHARLES LIBERIS
 909 EAST CERVANTES STREET 909 EAST CERVANTES STREET
 PENSACOLA FL 32501 PENSACOLA FL 32501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-0608121** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RICHARDSON, ROBERT W
909 EAST CERVANTES STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LIBERIS, CHARLES	
STREET ADDRESS	909 E. CERVANTES ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARDSON, ROBERT	
STREET ADDRESS	909 E. CERVANTES ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TICE, JOHN P.	
STREET ADDRESS	909 E. CERVANTES ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Urbaniak, Wilma L.	
STREET ADDRESS	909 E. Cervantes St	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	700003418057--3	
CITY-ST-ZIP	-10/03/00--01014--017	
	****236.25 ****236.25	
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: _____ September 26, 2000 850-438-4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)