

FILED  
Jun 29, 2001 8:00 am  
Secretary of State

05-19-2001 90279 026 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO7340**

1. Entity Name

909 Building East Condominium Association, Inc.

Principal Place of Business	Mailing Address
909 East Cervantes St Pensacola, FL 32501	909 East Cervantes St Pensacola FL 32501

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	Zip	Country
		59-0608121	<input type="checkbox"/> Not Applicable

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

Robert Richardson  
909 East Cervantes St  
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 releasing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Robert W Richardson	
STREET ADDRESS	909 East Cervantes St	
CITY-ST-ZIP	Pensacola FL 32501	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	John Tice	
STREET ADDRESS	909 East Cervantes St	
CITY-ST-ZIP	Pensacola FL 32501	
TITLE	WILMA URBANIAK	<input type="checkbox"/> Delete
NAME	909 E. Cervantes	
STREET ADDRESS	Pensacola, Fla. 32501	
CITY-ST-ZIP		
TITLE	Treasurer/Secretary	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2004 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE: Robert W. Richardson Date: 4-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #