

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90893 011 \*\*\*\*61.25

**DOCUMENT # N07393**

1. Entity Name

**ROTARY CLUB OF PENSACOLA STUDENT LOAN FUND, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 528  
PENSACOLA FL 32523

P.O. BOX 528  
PENSACOLA FL 32593  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2484782**

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

**SHERRILL, CHARLES C**  
**433 EAST GOVERNMENT STREET**  
**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 **D** ☐ Delete  
NAME **SWARTZ, LEONARD**  
STREET ADDRESS **881 WOODBINE DR**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **Director** ☐ Change ☐ Addition  
NAME **Evel Hutto**  
STREET ADDRESS **3459 River Gardens Circle**  
CITY-ST-ZIP **Pensacola, FL 32514**

TITLE **D** ☒ Delete  
NAME **BUSSELL, SALLY**  
STREET ADDRESS **7990 LANCELOT DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Blaise Adams**  
STREET ADDRESS **2455 Bluffs Circle**  
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **D** ☒ Delete  
NAME **MARX, MORRIS**  
STREET ADDRESS **2620 DUNDINANE RD**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Vince Currie**  
STREET ADDRESS **4115 Bayshore Drive**  
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **T** ☒ Delete  
NAME **MAJOR, HAROLD L**  
STREET ADDRESS **900 N. 12TH AVE.**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **Treasurer** ☒ Change ☒ Addition  
NAME **Ronald E. Jackson**  
STREET ADDRESS **2300 Bavarian Ct**  
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **D** ☐ Delete  
NAME **USRY, MILTON**  
STREET ADDRESS **6553 TERRASANTA**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **President** ☒ Change ☐ Addition  
NAME **Charles Atwell**  
STREET ADDRESS **17 PALAFOX ST. ROOM 323**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **DC** ☐ Delete  
NAME **CHARLES ATWELL**  
STREET ADDRESS **17 PALAFOX ST. ROOM 323**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Charles Atwell**  
STREET ADDRESS **17 PALAFOX ST. ROOM 323**  
CITY-ST-ZIP **PENSACOLA FL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)