

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90203 026 *****61.25

DOCUMENT # N09894

1. Entity Name

THE ESCAMBIA-SANTA ROSA BAR FOUNDATION, INC.



Principal Place of Business

**418 W GARDEN ST
ROOM 210
PENSACOLA FL 32501
US**

Mailing Address

**418 W GARDEN ST
ROOM 210
PENSACOLA FL 32501
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2722183**

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

**ECHSNER, STEPHEN H
LEWIN MIDDLE BROOKS
316 S BAYLEN ST
PENSACOLA FL 32501**

Name

Michael A. Doubek

Street Address (P.O. Box Number is Not Acceptable)

418 W. Garden Street

Room 210

City

Pensacola

FL

Zip Code

32501

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael A. Doubek, Director

4/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
NAME **FARRAR, GREGORY**
STREET ADDRESS **109 N PALAFOX ST, SUITE 1**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Change ☒ Addition
NAME **Doubek, Michael**
STREET ADDRESS **418 W. Garden St. Room 210**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **STD** ☐ Delete
NAME **EMMANUEL, ROBERT**
STREET ADDRESS **30 S SPRING ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Change ☒ Addition
NAME **Stopp, Margaret**
STREET ADDRESS **220 W. Garden St. 9th Floor**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **P** ☐ Delete
NAME **ECHSNER, STEPHEN**
STREET ADDRESS **316 S BAYLEN ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Change ☒ Addition
NAME **Litvak, Kramer**
STREET ADDRESS **220 W. Garden St. Ste. 606**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **D** ☐ Delete
NAME **COOPER, DEBRA D**
STREET ADDRESS **1500 W GARDEN ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Change ☒ Addition
NAME **Hilliard, Robert**
STREET ADDRESS **6495 Caroline St.**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **D** ☒ Delete
NAME **FOOTE, DIANA**
STREET ADDRESS **418 W GARDEN ST RM 210**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Change ☒ Addition
NAME **Negron, Francisco**
STREET ADDRESS **215 W. Garden St.**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **D** ☐ Delete
NAME **BUCHANAN, VIRGINIA**
STREET ADDRESS **316 S BAYLEN ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

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: **Michael A. Doubek, Director** **4/14/03** **(850) 434-8135**

CR2E037 (10/02)