

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11151

1. Entity Name

THE DIOCESE OF PENSACOLA -TALLAHASSEE EDUCATION

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90066 018 ****61.25

Principal Place of Business

Mailing Address

C/O A.G. CONDON, JR.
30 SOUTH SPRING STREET
PENSACOLA FL 32501

C/O A.G. CONDON, JR.
30 SOUTH SPRING STREET
PENSACOLA FL 32501-5612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2612752

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

CONDON, A.G.,JR.
30 SOUTH SPRING 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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MCLELLAN, JOHN C	11 NORTH B STREET	PENSACOLA FL 32501	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CD	RICARD, JOHN B	11 N B ST	PENSACOLA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CONDON, A.G.	30 SOUTH SPRING ST.	PENSACOLA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	REMICH, J. PATRICK	11 NORTH B STREET	PENSACOLA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JOHNSON, MILDRED	11 NORTH B STREET	PENSACOLA FL 32522	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ALFRED, WILLIAM	11 NORTH B STREET	PENSACOLA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

McLellan

2/22/00

850-432-1515

Date

Daytime Phone #

CR2E037 (9/99)