

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11507

1. Entity Name

PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.  
P.O. BOX 13251  
PENSACOLA FL 32591  
US

PENSACOLA ARCHAEOLOGICAL SOCIETY, INC.  
P.O. BOX 13251  
PENSACOLA FL 32591  
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

59-2589762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASKEY, THOMAS J  
3765 SCENIC RIDGE DR  
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name  
McCaskey, Thomas S.  
Street Address (P.O. Box Number is Not Acceptable)  
3765 SCENIC RIDGE DR.  
City  
PENSACOLA FL Zip Code  
32514

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	LAPP, CHARLES J	
STREET ADDRESS	17119 PERDIDO KEY DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAUTIER, KEY	
STREET ADDRESS	1725 ENSENADA DR	
CITY-ST-ZIP	PENSACOLA FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRANE, JOHN R	
STREET ADDRESS	1605 BATAAN LANE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIDLEHOOVER, MARTHA M	
STREET ADDRESS	3755 BARNWELL CIR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VAN EPPS, NANCY L	
STREET ADDRESS	13922 RIDER RD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	CS	<input type="checkbox"/> Delete
NAME	FRANKLIN, E.L. "CONNIE"	
STREET ADDRESS	3374 PINE FOREST RD	
CITY-ST-ZIP	CANTONMENT FL 32533	

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	
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	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90725 046 \*\*\*\*61.25

B0054405



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

1/20/02 (852) 478-9009