

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14021

1. Entity Name

PINE FOREST INDUSTRIAL PARK OWNERS ASSOCIATION, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90217 042 ****61.25

0002790

Principal Place of Business

Mailing Address

C/O DARBY KENNIFF
1916 E. AVERY ST
PENSACOLA FL 32503

C/O DARBY KENNIFF
1916 E. AVERY ST
PENSACOLA FL 32503

2. Principal Place of Business
C/O Deborah Bush

3. Mailing Address
C/O Deborah Bush

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1785 W. Nine Mile RD

1785 W. Nine Mile Rd

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip
32534

Country
Escambia

Zip
32534

Country
Escambia

4. FEI Number
59-3653538

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

KENNIFF, DARBY
1916 E. AVERY ST
PENSACOLA FL 32503

Name
Deborah Bush
Street Address (P.O. Box Number is Not Acceptable)
1785 W. Nine Mile Rd.

City Pensacola, FL Zip Code
32534

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 Deborah Bush *Deborah Bush Sec. Treasurer* 7/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KENNIFF, DARBY 1916 E AVERY ST PENSACOLA FL 32503	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOWE, DOUG 14645 INNERARITY RD PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WARDEN, BUTCH C/O 1783 W 9 MILE RD PENSACOLA FL 32534	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William Sherwood 1801 W. 9 Mile Rd Pensacola, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Deborah Bush 1785 W. Nine Mile RD Pensacola, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Deborah Bush*
William Sherwood

850-484-9707

CR2E037 (4/02)