

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/18/01-9

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90011 043 \*\*\*\*61.25

**DOCUMENT # N15684**

1. Entity Name

**EAST HILL CHURCH OF CHRIST OF PENSACOLA, INC.**

Principal Place of Business

2078 E NINE MILE RD  
 PENSACOLA FL 32504  
 US

Mailing Address

PO BOX 10785  
 PENSACOLA FL 32504  
 US



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

**59-2714242**

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

SPOHN, ROBERT D.  
 3720 FOREST GLEN DR  
 PENSACOLA FL 32504

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

TITLE NAME ☒ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D OWENS, JIM**  
**5301 ROWE TRAIL**  
**PACE FL**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D HASTINGS, BILL**  
**2282 STALLION ROAD**  
**CANTONMENT FL**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D BASTON, ROBERT T.**  
**700 CHADWICK ST**  
**PENSACOLA FL**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D Spohn, Robert D.**  
**3720 Forest Glen**  
**Pensacola, FL 32504**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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 817, 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

Date

Daytime Phone #

CR2E037 (10/00)