## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N23905** Jul 25, 2000 8:00 am 1. Entity Name **Secretary of State** MCMILLAN MANOR HOMEOWNERS ASSOCIATION, INC. 06-27-2000 90005 036 \*\*\*\*61.25 Principal Place of Business Mailing Address 1020 E JORDAN ST 1020 E JORDAN ST BOX #4 BOX #4 PENSACOLA FL 32503 PENSACOLA FL 32503 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2945825 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ma-lone-Street Address (P.O. Box Number is Not Acceptable) BERRY, BONNIE 1020 E JORDAN ST UNIT I PENSACOLA FL 32503 Sacola 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be After September 13, 2000 min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 . 🔲 Addition TITLE T(T) F Parry Malone Delete 1020 & goodan St. UniTK BERRY, BONNIE NAME NAME STREET ADDRESS 1020 E JORDAN ST UNIT I STREET ADDRESS Pensacola CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32503 **VPD** Delete TITLE Change ☐ Addition LOWE-EVANS, MARY NAME NAME STREET ADDRESS 1020 E JORDAN ST UNIT H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 -TD- ----\_Bonnie Berr ☐ Change \_\_ Addition TITLE -Delete... TITLE. 1020 E. Jordan Unit JERGE, SUSAN NAME NAME STREET ADDRESS 1020 E JORDAN ST UNIT J STREET ADDRESS Pensacola, FI 31503 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 Delete ☐ Change Addition TITLE TITLE HATFIELD. DIANE NAME NAME 1020 E Jordan Wind O STREET ADDRESS 1020 E JORDAN UNIT N STREET ADDRESS Pensacolw, 30. 32503 CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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: PUDDING AND TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date

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