

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24066

1. Entity Name

THE KOBACKER FOUNDATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90154 022 ****61.25

Principal Place of Business

9233 WOODLAWN ROAD
PENSACOLA FL 32514

Mailing Address

9233 WOODLAWN ROAD
PENSACOLA FL 32514

2. Principal Place of Business

9233 WOODRUN ROAD

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9233 WOODRUN ROAD

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2864161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOBACKER, JAMES M
9233 WOODLAWN ROAD
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9233 WOODRUN ROAD

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 PD ☐ Delete
NAME KOBACKER, JAMES M
STREET ADDRESS 9233 WOODLAWN ROAD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE VD ☐ Delete
NAME KOBACKER, ROBIN A
STREET ADDRESS 205 E INTENDENCIA STREET
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Delete
NAME WOODS, KIMBERLY K
STREET ADDRESS 3675 MARJEAN DRIVE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE TS ☐ Delete
NAME KOBACKER, CANDICE J
STREET ADDRESS 4208 LYNN ORA DRIVE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 9233 WOODRUN ROAD
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ 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

Date 09/17/2000 Daytime Phone #

(850) 474-9717

CR2E037 (9/99)