

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25649

1. Entity Name

ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90017 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 17213  
PENSACOLA FL 32522-4213

P.O. BOX 17213  
PENSACOLA FL 32522-7213

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

59-3143791

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

BURLESON, DOUGLAS  
1725 E CERVANTES ST  
PENSACOLA FL 32501

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURLESON, DOUGLAS	
STREET ADDRESS	1725 E CERVANTES ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MELTS, JOYCE	
STREET ADDRESS	100 W. GARDFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNY, JAMES III	
STREET ADDRESS	305 MANDALAY	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOWALSKI, MARY	
STREET ADDRESS	8591 ALVARADO CALZADA	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOORE, VENCANTA V	
STREET ADDRESS	857 L CAMINO DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KENT, MARY	
STREET ADDRESS	1209 BRIDGE CREEK	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	P.D. John Pritchard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H07 SEAMARGA LANE	
STREET ADDRESS	PEN FL 32507	
CITY-ST-ZIP		
TITLE	Neel Kutler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 adult st	
STREET ADDRESS	PF N 7/a	
CITY-ST-ZIP	32506	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E037 (9/99)