

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90246 030 ****61.25

DOCUMENT # N25649

1. Entity Name

ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 17213
PENSACOLA FL 32522-4213

P.O. BOX 17213
PENSACOLA FL 32522-4213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3143791**

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

KULZER, NELLIE M
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
NAME PREITHORD, JOHN
STREET ADDRESS 407 SEAMARGE LN
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE T
NAME KUTZER, NELL
STREET ADDRESS 11 CULF ST
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE
NAME KUTZER, NELL
STREET ADDRESS 11 CULF ST
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Change ☐ Addition
Treasurer

TITLE D
NAME DENNY, JAMES III
STREET ADDRESS 305 MANDALAY
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

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

TITLE S
NAME KOWALSKI, MARY
STREET ADDRESS 8591 ALVARADO CALZADA
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

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

TITLE D
NAME BOORE, VENCANTA V
STREET ADDRESS 857 L CAMINO DR
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

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

TITLE VP
NAME KENT, MARY
STREET ADDRESS 1209 BRIDGE CREEK
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, or an attachment with an address, with all other like empowered.

CR2E037 (10/00)