

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90112 037 ****61.25

DOCUMENT # N25649

1. Entity Name
ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.



Principal Place of Business
P.O. BOX 17213
PENSACOLA FL 32522-4213

Mailing Address
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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

SULLIVAN, EVA G
1047 OAK VIEW DRIVE
PENSACOLA FL 32506-8166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eva G Sullivan Sec. Eva G Sullivan 1-28-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **PRITCHARD, JOHN**
STREET ADDRESS **407 SEAMARGE LN**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Pritchard, John**
STREET ADDRESS **407 Seamarge Lane**
CITY-ST-ZIP **Pensacola FL**

TITLE **T** ☐ Delete
NAME **RASTALL, GEORGE**
STREET ADDRESS **4636 WHISPER WAY**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **SD** ☐ Delete
NAME **SULLIVAN, EVA G**
STREET ADDRESS **1047 OAK VIEW DR**
CITY-ST-ZIP **PENSACOLA FL 32506-8166**

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

TITLE **VPD** ☐ Delete
NAME **SANDERS, TERRY**
STREET ADDRESS **519 TAMPICO BLVD**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **PD** ☒ Change ☐ Addition
NAME **Sanders, Terry**
STREET ADDRESS **519 Tampico Blvd**
CITY-ST-ZIP **Pensacola, FL 32506**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Eva G Sullivan Sec. Eva G Sullivan 1-28-03 850-492-6178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)