

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90041 031 ****61.25

DOCUMENT # N29008

1. Entity Name

DUGOUT NO. 271, SECTOR OF FLORIDA, NATIONAL ORDE

Principal Place of Business

% LARRY O. KYSER
 1701 BAINBRIDGE AVE.
 PENSACOLA FL 32507
 US

Mailing Address

% LARRY O. KYSER
 1701 BAINBRIDGE AVE.
 PENSACOLA FL 32507
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2948993

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

KYSER, LARRY O.
 1701 BAINBRIDGE AVENUE
 PENSACOLA FL 32507

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	D	<input type="checkbox"/> Delete
NAME	KYSER, LARRY O.	
STREET ADDRESS	7115 PRINCESS LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, WALTER R	
STREET ADDRESS	2960 RANCHETTE SQUARE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEARS, COLLEY E	
STREET ADDRESS	1001 N CARYVILLE ROAD	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VANCE, GEORGE W	
STREET ADDRESS	121 SPRINGWOOD CIR.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	VAN STEENBERGEN, JOHN F	
STREET ADDRESS	6115 N DAVIS HWY APT 85A	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HEINEY, CHARLES E	
STREET ADDRESS	5749 WINDERMERE TRACE	
CITY-ST-ZIP	PACE FL 32571	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl H. Jackson, Sr.	
STREET ADDRESS	6911 Olsen Road	
CITY-ST-ZIP	Pensacola, Fl. 32506	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harmon S. Ferguson	
STREET ADDRESS	5132 Muldoon Street	
CITY-ST-ZIP	Crestview, Fl. 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glennis C. Dean	
STREET ADDRESS	2903 Longleaf Drive	
CITY-ST-ZIP	Pensacola, Fl. 32526	
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 *Larry O. Kyser* **REQUIRED**

01-29-2001 (850) 457-2771

CR2E037 (10/00)