

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90331 016 \*\*\*\*61.25

**DOCUMENT # N29470**

1. Entity Name

**THE PENSACOLA ASSOCIATION OF REALTORS FOUNDATION, INC.**

Principal Place of Business

**3000 LANGLEY AVE.  
 SUITE 401  
 PENSACOLA FL 32504  
 US**

Mailing Address

**P.O. BOX 11751  
 PENSACOLA FL 3254-449  
 US**

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

**59-2951530**

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

**GALYEAN, BETTYE T**

**~~3197 RUNNYMEADE RD~~ 3190 Oak Shadow Lane  
 PENSACOLA FL 32504**

**(Address correction only)**

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** ☒ Delete  
 NAME **CALLAWAY, JAMES**  
 STREET ADDRESS **1000 COLLEGE BLVD**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **P/D** ☐ Change ☒ Addition  
 NAME **George Bailey**  
 STREET ADDRESS **1108 Willowood Circle**  
 CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE **VD** ☐ Delete  
 NAME **BAARS, THEO III**  
 STREET ADDRESS **221 S BAYLEN ST**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Theo Baars III**  
 STREET ADDRESS **221 So. Baylen Street**  
 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **SD** ☐ Delete  
 NAME **BROOKS, JOSEPH F**  
 STREET ADDRESS **431 E GOVERNMENT ST**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **TD** ☐ Delete  
 NAME **GALYEAN, BETTYE T**  
 STREET ADDRESS **3197 RUNNYMEADE RD**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V/PD** ☐ Change ☒ Addition  
 NAME **Jerry Norris**  
 STREET ADDRESS **11000 University Parkway**  
 CITY-ST-ZIP **Pensacola, FL 32514**

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:** *Bettye T. Galyean* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bettye T. Galyean 04/12/02 850 469 1945**

Treasurer

Date

Phone Number

CR2E037 (9/01)