

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90010 043 \*\*\*\*61.25

**DOCUMENT # N34201**

1. Entity Name

**GREATER PENSACOLA AREA ANTIQUE DEALERS ASSOCIATI**

Principal Place of Business

Mailing Address

**8508 PUNTA LORA  
PENSACOLA FL 32514**

**8508 PUNTA LORA  
PENSACOLA FL 32514-7901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2989421**

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

**MILLS, RICHARD B.  
8508 PUNTA LORA  
PENSACOLA FL 32514**

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 ☐ Delete  
NAME **VD**  
STREET ADDRESS **MILLER, PATRICIA**  
CITY-ST-ZIP **712 E. GREGORY ST  
PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition  
NAME **FARLEY, MOONEAN**  
STREET ADDRESS **6200 TIPPIN AVE**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **SPENCER, HAZEL**  
CITY-ST-ZIP **805 E. GADSDEN  
PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition  
NAME **SEMMES, CARLISLE**  
STREET ADDRESS **8229 SIXPENCE DR**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **MILLS, JULIANA**  
CITY-ST-ZIP **8508 PUNTA LORA  
PENSACOLA FL 32514**

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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **MILLS, RICHARD B**  
CITY-ST-ZIP **8508 PUNTA LORA  
PENSACOLA FL 32514**

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

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:

*Richard B. Mills*  
**RICHARD B. MILLS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13 MAR 00 (850) 476 1165**

Date

Daytime Phone #