

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90130 006 ****61.25

DOCUMENT # N34201

1. Entity Name

**GREATER PENSACOLA AREA ANTIQUE DEALERS ASSOCIATI
 ON, INCORPORATED**

Principal Place of Business

**508 PUNTA LORA
 PENSACOLA FL 32514**

Mailing Address

**8508 PUNTA LORA
 PENSACOLA FL 32514**

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

59-2989421

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

LE ME REET ADDRESS Y-ST-ZIP	PD FARLEY, MOONEAN 6200 TIPPIN AVE PENSACOLA FL 32504	<input checked="" type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	SD SEMMESE, CARLISLE 8229 SIXPENCE DR PENSACOLA FL 32514	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	DT MILLS, JULIANA 8508 PUNTA LORA PENSACOLA FL 32514	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	VD DEMPSEY, JAN 8771 HICKORY HAMMOCK ROAD MILTON FL 32583	<input checked="" type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMPSEY, JAN 8771 HICKORY HAMMOCK ROAD MILTON FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARLEY, OWEN 6200 TIPPIN AVE PENSACOLA FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JULIANA MILLS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 FEB 02 (850) 476 1165

Date Daytime Phone #

CR2E037 (9/01)