

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90091 005 \*\*\*\*61.25

**DOCUMENT # N35389**

1. Entity Name

**BIG BROTHERS/BIG SISTERS OF NORTHWEST FLORIDA, I**

Principal Place of Business

Mailing Address

1301 W. GOVERNMENT ST.  
 PENSACOLA FL 32501  
 US

1301 W. GOVERNMENT ST.  
 PENSACOLA FL 32501-5314  
 US

2. Principal Place of Business

3. Mailing Address

**Big Brothers Big Sisters**  
**3300 N. Pace Blvd. Suite F**  
**Pensacola, FL 32505**

Suite, Apt. #, etc. 1  
**Big Brothers Big Sisters**  
**3300 N. Pace Blvd. Suite F**  
**Pensacola, FL 32505**

4. FEI Number **59-2996893**

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**CONDON, A.G. JR**  
**300 S. SPRING ST.**  
**PENSACOLA FL 32501**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	FOLKERS, TOM	5030 COMMERCE PARK CR	PENSACOLA FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PV	LOGAN, FLACK	3165 S BAYLEN ST	PENSACOLA FL	<input type="checkbox"/>	DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	GEEKER, STAST	P.O. BOX 12646	PENSACOLA FL 32591	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JACKSON, AL	P.O. BOX 510	PENSACOLA FL 32593	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
M	PAULA SHELL	1301 WEST GOVERNMENT STREET	PENSACOLA FL 32501	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:** *Paula Shell* **REQUIRED** *Paula Shell* **1/18/00** **(850)433-5437**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #