

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37629

1. Entity Name

OLD EAST HILL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

416 EAST BELMONT STREET
PENSACOLA FL 32501

416 EAST BELMONT STREET
PENSACOLA FL 32501-4904

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

59-3004420

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

GREEN, JO
416 E BELMONT 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 PD
NAME GREEN, JO
STREET ADDRESS 416 E. BELMONT STREET
CITY-ST-ZIP PENSACOLA FL 32501

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME TRIPP, JR. C
STREET ADDRESS 710 N. 7TH AVE.
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS
NAME BARNES, A E
STREET ADDRESS 518 E JACKSON ST
CITY-ST-ZIP PENSACOLA FL 32501

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE DT
NAME RICHIE, ROBBIE
STREET ADDRESS 410 E. BELMONT
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90105 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)