

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90991 024 ****61.25

CUU58973

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N 37629**

1. Entity Name

OLD EAST HILL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

416 EAST BELMONT ST
 PENSACOLA, FLORIDA 32501

Mailing Address

SAME

CHANGE TO:

2. Principal Place of Business

4168 LONGWOOD CIRCLE

3. Mailing Address

4168 LONGWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 GULF BREEZE FL

City & State
 GULF BREEZE FL

4. FEI Number

593004420

Applied For

Not Applicable

Zip
 32561

Country
 USA

Zip
 32561

Country
 USA

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

JO GREEN
 416 EAST BELMONT ST
 PENSACOLA, FL 32501

Name
 JO GREEN

Street Address (P.O. Box Number is Not Acceptable)
 4168 LONGWOOD CIRCLE

City
 GULF BREEZE

FL

Zip Code
 32561

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
 PRESIDENT
 JO GREEN
 4168 LONGWOOD CIRCLE
 GULF BREEZE, FL 32561 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VICE PRESIDENT
 CLYDE TRIPP, JR
 710 NORTH 7TH AVE
 PENSACOLA, FL 32501 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SECRETARY
 ROBIN TICE
 514 NORT HAYNE ST
 PENSACOLA, FL 32501 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TREASURER
 ROBBIE RICHEY
 410 EAST BELMONT ST
 PENSACOLA, FL 32501 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)