

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40815

1. Entity Name

THE NORTHERN DISTRICT OF FLORIDA BANKRUPTCY BAR.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90041 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

515 N ADAMS ST  
TALLAHASSEE FL 32301  
US

515 N ADAMS ST  
TALLAHASSEE FL 32301-1111  
US

2. Principal Place of Business

3. Mailing Address

107 N. Palafox Street  
Suite, Apt. #, etc.

Post Office Box 13247  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Pensacola, FL

Pensacola, FL

59-3066794

Not Applicable

Zip  
32591

Country  
USA

Zip  
32591-3247

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

MOWREY, RONALD A  
515 NORTH ADAMS STREET  
TALLAHASSEE FL 32301

Name Tom L. COPELAND

Street Address (P.O. Box Number is Not Acceptable)  
28318 North County Road 1491

City Alachua

FL

Zip Code 32615

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

*Tom L. Copeland*

2-14-2000

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 P  
NAME MOWREY, RONALD A  
STREET ADDRESS 515 NORTH ADAMS STREET  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE PRESIDENT  
NAME J. Steven Ford  
STREET ADDRESS 107 N. Palafox Street  
CITY-ST-ZIP Pensacola, FL 32591-3247 ☐ Change ☒ Addition

TITLE D  
NAME GERDE, JERRY W  
STREET ADDRESS 239 E 4 ST  
CITY-ST-ZIP PANAMA CITY FL 32401 ☒ Delete

TITLE DIRECTOR  
NAME Robert J. Warren  
STREET ADDRESS 703 N. Main St., Suite C  
CITY-ST-ZIP Gainesville, FL 32601 ☐ Change ☒ Addition

TITLE D  
NAME COPELAND, TOM L  
STREET ADDRESS 1025 5C N MAIN ST  
CITY-ST-ZIP HIGH SPGS FL 32643 ☐ Delete

TITLE DIRECTOR  
NAME Stan Treppe  
STREET ADDRESS 236 McKenzie Ave  
CITY-ST-ZIP Panama City, FL 32402 ☐ Change ☒ Addition

TITLE D  
NAME STROM, TRACY O  
STREET ADDRESS PO DRAWER 2167  
CITY-ST-ZIP FT WALTON BCH FL 32549 ☐ Delete

TITLE DIRECTOR  
NAME Sherry Chancellor  
STREET ADDRESS 6050 N. 9th Ave  
CITY-ST-ZIP Pensacola, FL 32504 ☐ Change ☒ Addition

TITLE D  
NAME FRIER, RANDALL J  
STREET ADDRESS 2927 KERRY FOREST PKY  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE DIRECTOR  
NAME David Minacci  
STREET ADDRESS 515 N. Adams St.  
CITY-ST-ZIP Tallahassee, FL 32301 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR  
NAME TRACY O. Strom  
STREET ADDRESS 42 Eglin Parkway NE.  
CITY-ST-ZIP Fort Walton Beach, FL 32549 ☒ 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:

*Tom L. Copeland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM L. COPELAND 2-14-2000 (904) 462-5297

Date

Daytime Phone #

CR2E037 (9/99)