

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90087 025 ****61.25

DOCUMENT # N41999

1. Entity Name

MARINE CONTRACTORS' ASSOCIATION OF NORTH FLORIDA

Principal Place of Business

Mailing Address

1900 OWSLEY RD.
 NAVARRE FL 32566

1900 OWSLEY RD.
 NAVARRE FL 32566

22 NW Maples St
 Ft. Walton Bch FL 32548

P.O. Box 1514
 Ft. Walton Bch FL 32549

2. Principal Place of Business

3. Mailing Address

22 NW Maples St

P.O. Box 1514

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Walton Bch FL

City & State

Ft. Walton Bch FL

Zip

32548

Country

Zip

32549

Country

4. FEI Number

59-3063798

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

OWSLEY, DUEL V.
 1900 OWSLEY ROAD
 NAVARRE FL 32566

Name Paul Hartzog

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

22 NW Maples St.

City Ft. Walton Bch

FL

Zip Code

32548

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

Paul Hartzog

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-01

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	<input checked="" type="checkbox"/> Delete
NAME	OWSLEY, DUEL V.	
STREET ADDRESS	1900 OWSLEY RD.	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUNTER, DONALD L.	
STREET ADDRESS	932 CANDELSTICK COURT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	OWSLEY, PATRICIA A.	
STREET ADDRESS	9025 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANCASTER, WAYNE S.	
STREET ADDRESS	509 APACHE ROAD	
CITY-ST-ZIP	FORT WALTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORD, STEVEN L.	
STREET ADDRESS	300 MALDONADO DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MIKE M.	
STREET ADDRESS	18 PALMETTO DR	
CITY-ST-ZIP	MARY ESTHER FL	

TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Hartzog	
STREET ADDRESS	22 NW Maples St	
CITY-ST-ZIP	Ft. Walton Bch FL 32548	
TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Loftis	
STREET ADDRESS	4599 Spanish Trail, suite A	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Marceau	
STREET ADDRESS	224 California Dr.	
CITY-ST-ZIP	Ft. Walton Bch FL 32548	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Lancaster	
STREET ADDRESS	509 Apache St.	
CITY-ST-ZIP	Ft. Walton Bch FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Paul Hartzog 26Apr01 850-314-0444

CR2E037 (10/00)