

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

01-30-2001 90160 024 ****61.25

DOCUMENT # N43162

1. Entity Name

PENSACOLA CHARTER BOAT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 1604
PENSACOLA FL 32597
US

P O BOX 1604
PENSACOLA FL 32597
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

RED



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2883797**

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

WORK, E. GARY JR
1940 ST MARY AVE
PENASCOLA 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	P/D ANDREWS, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	751 PENSACOLA BEACH BLVD UNIT #11F	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE NAME	ST/D BEARD, EILENE	<input type="checkbox"/> Delete
STREET ADDRESS	711 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE NAME	TD STEPHENS, WYLIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	421 TWIN LAKES DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE NAME	SD MASSEY, BLAKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	414 E INTENDENCIA ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VP/D Joe Madden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6210 Denver Ave	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE NAME	P/D Andrews Jerry	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	ST/D Beard, Eiken	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Eileen Beard
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)