

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90258 003 ****61.25

DOCUMENT # N49036

1. Entity Name
THE PENSACOLA AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business P.O. BOX 550 PENSACOLA FL 32593 US	Mailing Address P.O. BOX 550 PENSACOLA FL 32593 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-0190330** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FETTERMAN, JOHN H
1750 RADFORD BLVD
SUITE B
PENSACOLA FL 32508

7. Name and Address of New Registered Agent
 Name: **Saxon, Mike**
 Street Address (P.O. Box Number is Not Acceptable): **One Energy Place**
 City: **Pensacola, FL** Zip Code: **32520**

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: *R. Michael Aspin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/14/02**

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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	FETTERMAN, JOHN H	
STREET ADDRESS	P O BOX 33104	
CITY-ST-ZIP	PENSACOLA FL 32508	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, BO	
STREET ADDRESS	33 WEST GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLEVELAND, DAVE	
STREET ADDRESS	311 GULF BREEZE PARKWAY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINSINGER, DOUGLAS S	
STREET ADDRESS	117 W. GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAXON, MIKE	
STREET ADDRESS	ONE ENERGY PLACE	
CITY-ST-ZIP	PENSACOLA FL 32520	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evon Emerson	
STREET ADDRESS	117 W Garden St	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommy Tait	
STREET ADDRESS	P.O. Box 12744	
CITY-ST-ZIP	Pensacola, FL 32575-2744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *R. Michael Aspin* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/14/02** Daytime Phone #: **(850)444-6273**

CR2E037 (9/01)