

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50399

1. Entity Name

USO OF GREATER PENSACOLA AREA, INC.

Principal Place of Business

NAS PENSACOLA
BUILDING 625D
PENSACOLA FL 32508
US

Mailing Address

P. O. BOX 4321
PENSACOLA FL 32507-0321
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2865567

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

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	WHIBBS, VINCE JR.	
STREET ADDRESS	421 N PALAFOX ST	
CITY-ST-ZIP	PENSACOLA ST 32501	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOODLOE, VAN J	
STREET ADDRESS	117 W GARDENS ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, LARRY	
STREET ADDRESS	2430 AIRPORT BLVD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	TC	<input type="checkbox"/> Delete
NAME	BROWN, WHIT J	
STREET ADDRESS	240 E INTENDENCIA ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	PETROVICH, JAMES	
STREET ADDRESS	700 S NAVY BLVD	
CITY-ST-ZIP	PENSACOLA FL 32508	
TITLE	DC	<input type="checkbox"/> Delete
NAME	STEWART, RUTH	
STREET ADDRESS	4300 W FRANCISCO #5	
CITY-ST-ZIP	PENSACOLA FL 32504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIBBS, VINCE JR.	
STREET ADDRESS	421 N. PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLIA, TONY	
STREET ADDRESS	926 B CERVANTES ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODLOE, VANN	
STREET ADDRESS	117 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	TC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WHIT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, ANGEL	
STREET ADDRESS	700 S NAVY BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32508	
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:

Tony Callia REQUIRE TONY Callia 1/9/01 890 41325575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90067 004 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)