

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

0007910

**DOCUMENT # N50399**

1. Entity Name

**USO OF GREATER PENSACOLA AREA, INC.**

02-06-2002 90012 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**NAS PENSACOLA  
 BUILDING 625D  
 PENSACOLA FL 32508  
 US**

**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

**WHIBBS, VINCE JR  
 421 N PALAFOX ST  
 PENSACOLA 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	DC	<input type="checkbox"/> Delete
NAME	WHIBBS, VINCE	
STREET ADDRESS	421 N PALAFOX ST	
CITY-ST-ZIP	PENSACOLA ST 32501	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOODLOE, VAN J	
STREET ADDRESS	117 W GARDENS ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODLOE, VANN	
STREET ADDRESS	117 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DAVE WILHITE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6218 N. 9th AVE	
STREET ADDRESS	PENSACOLA, FL 32504	
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1004 CALLIA	
STREET ADDRESS	926 BE COTTON JEW	
CITY-ST-ZIP	Pensacola, FL 32501	
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		
TITLE	GENERAL MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGEL LARSEN	
STREET ADDRESS	6305 EAST SHORE DR	
CITY-ST-ZIP	Pensacola FL 32505	

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:

*DAVE WILHITE* 1/17/02 380-2767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)