

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000599

1. Entity Name

FEDERAL PRISON CAMP PENSACOLA EMPLOYEES CLUB, IN

Principal Place of Business

110 RABY AVE
BUILDING 2440, SAUFLEY FIELD
PENSACOLA FL 32509-5127
US

Mailing Address

110 RABY AVE
BUILDING 2440, SAUFLEY FIELD
PENSACOLA FL 32509-5124
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEE, LAUREN
110 RABY AVE
BUILDING 2440, SAUFLEY FIELD
PENSACOLA FL 32509

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

Lauren Lee, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

4.19.00

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 VPD
NAME CRUTCHFIELD, ROY
STREET ADDRESS 612 N 49TH AVENUE
CITY-ST-ZIP PENSACOLA FL 32509 ☒ Delete

TITLE VPD
NAME BROWN, DANNY
STREET ADDRESS 110 RABY AVENUE
CITY-ST-ZIP PENSACOLA, FL 32509-5127 ☐ Change ☒ Addition

TITLE TSD
NAME LEE, LAUREN
STREET ADDRESS 110 RABY AVE
CITY-ST-ZIP PENSACOLA FL 32509-5127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME MOORE, ALAN P
STREET ADDRESS 110 RABY AVE
CITY-ST-ZIP PENSACOLA FL 32509-5127 ☒ Delete

TITLE PD
NAME CRUTCHFIELD, ROY
STREET ADDRESS 110 RABY AVENUE
CITY-ST-ZIP PENSACOLA, FL 32509-5127 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SECRETARY
NAME SINGLETARY, JERRY
STREET ADDRESS 110 RABY AVENUE
CITY-ST-ZIP PENSACOLA, FL 32509-5127 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90192 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)