FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am DOCUMENT # N9200000599 Secretary of State 1. Entity Name 03-20-2001 90002 023 ****61.25 FEDERAL PRISON CAMP PENSACOLA EMPLOYEES CLUB, IN Principal Place of Business Mailing Address 110 RABY AVE 110 RABY AVE **BUILDING 2440. SAUFLEY FIELD** BUILDING 2440. SAUFLEY FIELD PENSACOLA FL 32509-5127 PENSACOLA FL 32509-5127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3162177 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) LEE. LAUREN 110 RABY AVE **BUILDING 2440, SAUFLEY FIELD** City Zip Code PENSACOLA FL 32509 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VPD TITLE Addition TITL F Delete **VPD** Wragg, Lor∎ie **BROWN, DANNY** NAME NAME 110 Raby Ave. STREET ADDRESS 110 RABY AVENUE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32509 CITY-ST-ZIP Pensacola, FL 32509 tsd Addition TITLE ☐ Delete TITLE ☐ Change LEE, LAUREN NAME NAME STREET ADDRESS STREET ADDRESS 110 RABY AVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32509-5127 TITLE ☐ Change ☐ Addition TITLE ☐ Delete CRUTCHFIELD, ROY NAME NAME STREET ADDRESS 110 RABY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32509-5127 Delete ☐ Change ☐ Addition SINGLETARY, JERRY NAME STREET ADDRESS 110 RABY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32509 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 arraddress, with all other like empowered