

2000 UNIFORM BUSINESS REPORT (UBR)

5/18/

FILED

Jul 07, 2000 8:00 am
Secretary of State

05-18-2000 90377 007 ****61.25

DOCUMENT # N93000003801

1. Entity Name

PENSACOLA BAY AREA LITERACY COALITION, INC.

Principal Place of Business

Mailing Address

THE UNIV OF W FL COMM UNIV PARTNERSHIP
11000 UNIVERSITY PKY
PENSACOLA FL 32514
US

P.O. BOX 853
PENSACOLA FL 32594-0853

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

59-3243072

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

DR. PATRICIA WENTZ

Street Address (P.O. Box Number is Not Acceptable)

UNIV. OF WEST FLORIDA

11000 UNIVERSITY PARKWAY

City

PENSACOLA

FL

Zip Code

32514

~~BACKMAN, DR CARL~~

THE UNIVERSITY OF WEST FLORIDA
11000 UNIVERSITY PKY
PENSACOLA FL 32514

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 PD ☒ Delete
NAME BACKMAN, DR CARL
STREET ADDRESS 11000 UNIVERSITY PKY
CITY-ST-ZIP PENSACOLA FL 32514

TITLE P ☒ Change ☐ Addition
NAME DR. PATRICIA WENTZ
STREET ADDRESS 11000 UNIVERSITY PARKWAY
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE SD ☒ Delete
NAME BROUGHTON, KAY
STREET ADDRESS 30 EAST TERR
CITY-ST-ZIP PENSACOLA FL 32503

TITLE S ☒ Change ☐ Addition
NAME JUDITH A. DEBOLT
STREET ADDRESS 11000 UNIVERSITY PARKWAY
CITY-ST-ZIP PENSACOLA, FL

TITLE VD ☒ Delete
NAME SAMUELS, DR KEITH
STREET ADDRESS 1000 COLLEGE BLVD
CITY-ST-ZIP PENSACOLA FL 32504

TITLE V ☒ Change ☐ Addition
NAME CAROL THOMAS
STREET ADDRESS P.O. BOX 12710
CITY-ST-ZIP PENSACOLA, FL 32574

TITLE TD ☒ Delete
NAME FONTAINE, KATHLEEN H
STREET ADDRESS 305 BERRYHILL RD.
CITY-ST-ZIP MILTON FL

TITLE T ☒ Change ☐ Addition
NAME CONNIE NEWTON
STREET ADDRESS 3035 BERRYHILL ROAD
CITY-ST-ZIP MILTON FL 32570

TITLE P ☒ Delete
NAME BONIFAY, MOSEMARY
STREET ADDRESS 305 CHATMAN ST
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☒ Change ☐ Addition
NAME ROSEMARY BONIFAY
STREET ADDRESS 305 CHATMAN STREET
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE DS ☒ Delete
NAME DEBOLT, JUDY
STREET ADDRESS 11000 UNIVERSITY PKWY
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☒ Change ☐ Addition
NAME DI ANN-MARIE BOWYER
STREET ADDRESS 1000 COLLEGE BLVD.
CITY-ST-ZIP PENSACOLA, FL 32504-8998

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:

Judith A. DeBolt
Secretary

Date

Daytime Phone

Pat Wentz 6-23-00 (850)
4-27-2000 474-3491

CR2E037 (9/99)