

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0086865

DOCUMENT # N93000003801

1. Entity Name

PENSACOLA BAY AREA LITERACY COALITION, INC.

05-17-2001 90394 010 *****61.25

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**

80057690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3243072

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WENTZ, PATRICIA
 THE UNIVERSITY OF WEST FLORIDA
 11000 UNIVERSITY PKY
 PENSACOLA FL 32514**

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

Patricia Wentz

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 **P** ☐ Delete
 NAME **WENTZ, PATRICIA DR.**
 STREET ADDRESS **11000 UNIVERSITY PKY**
 CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **S** ☒ Delete
 NAME **DEBOLT, JUDITH A**
 STREET ADDRESS **11000 UNIVERSITY PARKWAY**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☒ Addition
 NAME **Icenogle, Rita**
 STREET ADDRESS **1301 West Government**
 CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **VD** ☐ Delete
 NAME **THOMAS, CARL**
 STREET ADDRESS **PO BOX 12710**
 CITY-ST-ZIP **PENSACOLA FL 32574**

TITLE ☒ Change ☐ Addition
 NAME **Thomas, Carol (not Carl)**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **NEWTON, CONNIE**
 STREET ADDRESS **3035 BERRYHILL ROAD**
 CITY-ST-ZIP **MILTON FL 32570**

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

TITLE **D** ☐ Delete
 NAME **BONIFAY, ROSEMARY**
 STREET ADDRESS **305 CHATMAN STREET**
 CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **DS** ☐ Delete
 NAME **BOWYER, ANN-MARIE**
 STREET ADDRESS **11000 UNIVERSITY PKWY**
 CITY-ST-ZIP **PENSACOLA FL 32504-8998**

TITLE ☐ Change ☐ 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:

Patricia Wentz

CR2E037 (10/00)