

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005701

1. Entity Name

SANTA ROSA TOURISM BUREAU, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90100 023 ****61.25

Principal Place of Business Mailing Address
8543 NAVARRE PKWY 8543 NAVARRE PKWY
NAVARRE FL 32566 NAVARRE FL 32566-6903

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

59-3219351

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

PULLAM, BILL
8494 NAVARRE PKWY
NAVARRE FL 32566

Name Bill Pullum
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 X

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 ☐ Delete
NAME CD
STREET ADDRESS OUTZEN, RICH
CITY-ST-ZIP 77 BAYBRIDGE DR.
GULF BREEZE FL 32561

TITLE ☐ Change ☒ Addition
NAME PAT QUINN
STREET ADDRESS 5701 Gulf Breeze Parkway
CITY-ST-ZIP Gulf Breeze, FL 32561

TITLE ☐ Delete
NAME D
STREET ADDRESS PULLUM, BILL
CITY-ST-ZIP 8495 NAVARRE PKWY
NAVARRE FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Bill Lundin
CITY-ST-ZIP 6495 Caroline St.
Milton, FL 32570

TITLE ☐ Delete
NAME D
STREET ADDRESS SLYE, DOROTHY
CITY-ST-ZIP 1809 PRADO ST
NAVARRE FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MARILYN JONES
CITY-ST-ZIP 714 WESTWOOD DR
Milton FL 32570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Phil GARCIA
CITY-ST-ZIP 25 W CEDAR, ST. 510
PENSACOLA, FL 32501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS KATIE CURLE
CITY-ST-ZIP 8375 GULF BLVD.
NAVARRE, FL 32566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JACK SANBORN
CITY-ST-ZIP Rt 6 Box 283
MILTON FL 32570

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: X SIGNATURE REBIL PULLUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 850-939-3267