

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000741

1. Entity Name

MYSTIC ORDER OF BISCUITS OF ESCAMBIA COUNTY FLOR

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90010 037 ****61.25

Principal Place of Business

Mailing Address

336 FT. PICKENS ROAD
SUITE E-105
PENSACOLA BEACH FL 32561

336 FT. PICKENS ROAD
SUITE E-105
PENSACOLA BEACH FL 32561-2034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3346193

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

KING, NANCY E
336 FT. PICKENS ROAD
SUITE E-105
PENSACOLA BEACH FL 32561

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

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 TURNER, DONALD R
STREET ADDRESS 2333 ARRIVISTE WAY
CITY-ST-ZIP PENSACOLA FL 32504

TITLE PD ☒ Change ☐ Addition
NAME STEVEN KING
STREET ADDRESS 336 FT. PICKENS ROAD SUITE E-105
CITY-ST-ZIP PENSACOLA BEACH, FL 32561

TITLE TD ☐ Delete
NAME ROBERTSON, TERI
STREET ADDRESS 3521 EDINBUROUGH DR
CITY-ST-ZIP PACE FL 32571

TITLE TD ☒ Change ☐ Addition
NAME RONALD HULL
STREET ADDRESS 4451 LAMIRAGO
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE D ☐ Delete
NAME BLACKMON, ROBERT
STREET ADDRESS 1718 WHALEY AVENUE
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE D ☐ Delete
NAME BUDZOWSKI, DAVID M
STREET ADDRESS 110 MATAMOROS
CITY-ST-ZIP PENSACOLA BEACH FL

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

TITLE SD ☐ Delete
NAME KING, NANCY E
STREET ADDRESS 336 FT PICKENS RD #E-105
CITY-ST-ZIP PENSACOLA BCH FL 32526

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Nancy E. King 3/9/00 (850) 435-2278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #