

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90056 043 \*\*\*\*61.25

**DOCUMENT # N95000000741**

1. Entity Name

**MYSTIC ORDER OF BISCUITS OF ESCAMBIA COUNTY FLOR**

Principal Place of Business

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

Mailing Address

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

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

**59-3346193**

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

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

City

**FL**

Zip Code

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

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

*Nancy E. King*

**Nancy E. King**

**Jan. 4, 2001**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**KING, STEVEN**  
**336 FT. PICKENS ROAD STE E-105**  
**PENSACOLA FL 32561** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**SCHUTZ, RICH**  
**10756 PAMPAS TRAIL ROAD**  
**PENSACOLA, FL. 32506** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD**  
**HULL, RONALD**  
**4451 LAMIRRAE**  
**PENSACOLA FL 32504** ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**WATSON, SHERI**  
**705 MIKE GIBSON ROAD**  
**MILTON, FL 32583** ☐ Change ☒ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**BLACKMON, SHERRY**  
**4016 SATURN STREET**  
**FLOWER MOUND, TX. 75028** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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* **Nancy E. King**

**Jan. 4, 2001**

**(850) 435-2278**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)