

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000741

1. Entity Name

MYSTIC ORDER OF BISCUITS OF ESCAMBIA COUNTY FLOR
IDA, INC.

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90146 003 ****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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3346193	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: DONALD R. TURNER
Street Address (P.O. Box Number is Not Acceptable): 2333 ARRIVISTE WAY
City: PENSACOLA FL Zip Code: 32504

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: Donald R. Turner DONALD R. TURNER 3/8/02
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME	P SCHUTZ, RICH	<input type="checkbox"/> Delete
STREET ADDRESS	10756 PAMPAS TRAIL RD	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE NAME	TD HULL, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	4451 LAMIRAGE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE NAME	D BLACKMON, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	1718 WHALEY AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE NAME	D BUDZOWSKI, DAVID M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	110 MATAMOROS	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE NAME	SD BLACKMON, SHERRY	<input type="checkbox"/> Delete
STREET ADDRESS	4016 SATURN ST	
CITY-ST-ZIP	FLOWER MOUND TX 75028	
TITLE NAME	V WATSON, SHERI	<input type="checkbox"/> Delete
STREET ADDRESS	705 MIKE GIBSON RD	
CITY-ST-ZIP	MILTON FL 32583	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D SCHUTZ, RICH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10756 PAMPAS TRAIL RD	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE NAME	DAVID P. CHAINES P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8244 WESTERN WAY DR.	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)