

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002835

1. Entity Name

ESCAROSA SOCCER LEAGUE, INC.

Principal Place of Business

2130 SUMMIT BLVD
VICKRE & CENTER
PENSACOLA FL 32504

Mailing Address

2130 SUMMIT BLVD
VICKRE & CENTER
PENSACOLA FL 32504

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 NOT APPLICABLE

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

HERSEY, NORRY B
4733 MARINA DRIVE
GULF BREEZE 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
After September 12, 2001, min. will be \$236.25

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 DP
NAME CHAMBERS, LEROY
STREET ADDRESS 7985 GAWIN DR
CITY-ST-ZIP PENSACOLA FL 32514 ☒ Delete

TITLE DP
NAME MILLHAM, DAN
STREET ADDRESS 4449 THOMASTOWN DR.
CITY-ST-ZIP MILTON, FL 32571 ☒ Change ☐ Addition

TITLE DVP
NAME MILHAM, DAN
STREET ADDRESS 4449 THOMASTOWN DR
CITY-ST-ZIP MILTON FL 32571 ☒ Delete

TITLE DVP
NAME JONES, ANGIE
STREET ADDRESS 2130 SUMMIT BLVD., VICKREY CENTER
CITY-ST-ZIP PENSACOLA, FL 32504 ☐ Change ☒ Addition

TITLE TD
NAME KADEN, LARRY
STREET ADDRESS 3170 BENTON BLVD
CITY-ST-ZIP PACE FL 32571 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SECRETARY
NAME JOSLYN, MACE
STREET ADDRESS 18046 FOXFIRE PL.
CITY-ST-ZIP PENSACOLA, FL 32514 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

LARRY A. KADEN

10 SEPTEMBER 2001

(850)

595-4246

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90014 007 ****61.25



DO NOT WRITE IN THIS SPACE

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