

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003318

1. Entity Name

BROTHER TO BROTHER OUTREACH CENTER, INC.

Principal Place of Business

395 N T ST
PENSACOLA FL 32505
US

Mailing Address

6427 HAMPTON RD
PENSACOLA FL 32505
US

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

59-3322009

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

WHITE, RAY S
6427 HAMPTON RD
PENSACOLA FL 32505

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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD WHITE, RAY 395 NORTH T STREET PENSACOLA FL 32505	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD THOMAS, TREMAYNE 9 ARCHER AVENUE PENSACOLA FL 32505	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD THOMAS, THEARTHUR T JR 1201 NORTH Z STREET PENSACOLA FL 32505	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T MAYS, STEVEN A 7872 BAY MEADOWS DR. PENSACOLA FL 32507	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
AT DEAN, JOE 1101 E CROSS ST PENSACOLA FL 32503	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ray S White* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 850-438-2119
Date Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90155 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)