

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004635

1. Entity Name

ENGLEWOOD NEIGHBORHOOD IMPROVEMENT CORPORATION

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90212 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2751 NORTH H STREET  
 PENSACOLA FL 32501

PO BOX 18334  
 PENSACOLA FL 32523-8398  
 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

59-3445733

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

HUNTER, JERRY  
 1822 WEST ST. CATHERINE  
 PENSACOLA FL 32501

Name **ETHEL L. LINDSEY**

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

**1916 ST. CATHERINE AVE**

City **PENSACOLA**

FL

Zip Code  
**32501-1048**

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 **ETHEL L. LINDSEY**

Signature, typed or printed name of registered agent and title if applicable.

*Ethel L. Lindsey*

(NOTE: Registered Agent signature required when resigning)

**4-24-2002**

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 **TRAVIS, JEROME D**  
 STREET ADDRESS **2615 NORTH G STREET**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **DV** ☐ Delete  
 NAME **LINSEY, ETHEL L**  
 STREET ADDRESS **1916 ST CATHERINE AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **LINDSEY, ETHEL L.** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **ROYSTER, IDA**  
 STREET ADDRESS **1105 W LEONARD ST**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **AS** ☐ Delete  
 NAME **BARNES, KATIE**  
 STREET ADDRESS **1203 W BOBE ST**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **TD** ☐ Delete  
 NAME **PRICE, MATTIE**  
 STREET ADDRESS **1809 WEST BOBE STREET**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **D** ☐ Delete  
 NAME **ANDREWS, LUCILLE**  
 STREET ADDRESS **2619 NORTH H STREET**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

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: *Ethel L. Lindsey* **ETHEL L. LINDSEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-24-2002-850-433-2141**

CR2E037 (9/01)