

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002550

1. Entity Name

SEVILLE IMPROVEMENT BOARD INCORPORATED

Principal Place of Business

326 E INTENDENCIA ST
PENSACOLA FL 32501-6138

Mailing Address

326 E INTENDENCIA ST
PENSACOLA FL 32501-6138

2. Principal Place of Business

226 E Intendencia St.

3. Mailing Address

226 E. Intendencia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32501

Country

USA

Zip

32501

Country

USA

6. Name and Address of Current Registered Agent

BAUCUM, PETE

326 E INTENDENCIA ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name Denise Daughtry

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

226 East Intendencia St.

City Pensacola

FL

Zip Code

32501

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]

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

(NOTE: Registered Agent signature required when reinstating)

9/29/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 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

TITLE D
NAME BAUCUM, PETE
STREET ADDRESS 326 E INTENDENCIA ST
CITY-ST-ZIP PENSACOLA FL 32501-6138 ☒ Delete

TITLE VP D
NAME NEWTON, CONSTANCE
STREET ADDRESS 1800 EAST LAKEVIEW AVENUE
CITY-ST-ZIP PENSACOLA FL 32503 ☒ Delete

TITLE S-D
NAME DAUGHTRY, DENISE
STREET ADDRESS 226 E INTENDENCIA ST
CITY-ST-ZIP PENSACOLA FL 32501-6138 ☐ Delete

TITLE T
NAME BROWN, WHIT
STREET ADDRESS 240 E INTENDENCIA ST
CITY-ST-ZIP PENSACOLA FL 32501-6138 ☐ Delete

TITLE T
NAME DAUGHTRY, DAVE
STREET ADDRESS 226 E INTENDENCIA ST
CITY-ST-ZIP PENSACOLA FL 32501-6138 ☐ Delete

TITLE T
NAME YOUNG, JACQUELINE
STREET ADDRESS 131 CALLE DE SANTIAGO
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 and mail other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/00 850435-0914
Date Daytime Phone #

FILED
00 NOV 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. FEI Number 59-3453987

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (5/00)

0014954