2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600002550

1. Entity Name

NAME STREET ADDRESS

CITY-ST-ZIP

SEVILLE IMPROVEMENT BOARD INCORPORATED

			A SO WE THE					
Principal Pla	ace of Business	Mailing Address						
		226 E INTENDENCIA ST PENSACOLA FL 32501-6138						
				E JERUKAK RIF LANIA	Bilini 88 00 88 00 98 00 98 00	10140 (100) 01404 01144 11 44	153)	
2. Principal Place of Business 3. Ma		Mailing Address						
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		3453987	Applied Not App		
Zip	Country	Zip	Country	5. Certificate of Star	tus Desired	\$8.75 Additions		
	6. Name and Address of Current Re	gistered Agent		7. Name and Addre	ess of New Registere	1		
		<u> </u>	Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DAUGHTRY, DENISE			Stroot Address	Street Address (P.O. Box Number is Not Acceptable)				
226 E INTENDENCIA ST			Street Addres	s (P.O. Box Number is Not Acceptable)				
PENSAC	OLA FL 32501-6138							
			City		F	L Zip Code		
8. The above	e named entity submits this statement for th	e purpose of changing its	realstered office or reals	stered agent, or both, in th	e State of Florida. I ar	n familiar with, and a	accept	
the obliga	ations of registered agent.							
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SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE	: Registered Agent signature requ	steed when reinstation)	DATE		_	
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FILE NOW: FEE IS \$61.25 9. Election C		9. Election Carr	npaign Financing	\$5.00 vp.	Make Che	ck Pavable to		
After September 10, 2003, min will be \$236.25			Trust Fund Contribution.		\$5.00 May Be Added to Fees Florida Department of State			
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10.	OFFICERS AND DIREC		11.	ADDITIONS/CHANGES	S TO OFFICERS AND I			
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FILED

Jul 21, 2003 8:00 am Secretary of State

07-21-2003 90129 004 ****61.25

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: MEDITAL REQUIRED Denise Chench Daughtry 850 435-0914