

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003085

1. Entity Name

NORTHWEST FLORIDA ECONOMIC DEVELOPMENT COALITION, INC.

Principal Place of Business

Mailing Address

ONE ENERGY PLACE
PENSACOLA FL 32520-0231
US

P O BOX 127
GRACEVILLE FL 32440

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

59-3404738

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

CLARK, GARY F
5282 PEANUT RD
GRACEVILLE FL 32440

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.

Gary F. Clark

(NOTE: Registered Agent signature required when reinstating)

2-5-02

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
NAME MCDONALD, GLEN ☒ Delete
STREET ADDRESS 235 W 5TH ST
CITY-ST-ZIP PANAMA CITY FL 32402

TITLE PD
NAME Ted Spangenberg ☒ Change ☐ Addition
STREET ADDRESS 235 W. 5TH ST.
CITY-ST-ZIP Panama city FL 32402

TITLE TD
NAME CLARK, GARY F ☐ Delete
STREET ADDRESS 5282 PEANUT RD
CITY-ST-ZIP GRACEVILLE FL 32440

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

TITLE SD
NAME CLEM, TED ☐ Delete
STREET ADDRESS 235 W 5TH ST
CITY-ST-ZIP PANAMA CITY FL 32402

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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, with all other like empowered.

SIGNATURE:

GARY F. CLARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02

Date

850-263-3231

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE