

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0018937

DOCUMENT # N96000003194

1. Entity Name

ESCAMBIA CHARTER SCHOOL, INC.

02-01-2001 90070 040 ****61.25

Principal Place of Business

Mailing Address

391 9089 RANCH RD.
 CANTONMENT FL 32533
 US

P.O. BOX 1147
 GOZALEZ FL 32560
 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

59-3381523

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

**LOOMIS, GEORGE E
 201 EAST GOVERNMENT STREET
 PENSACOLA FL 32501**

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 **D** ☒ Delete
 NAME **HICKS, LARRY K**
 STREET ADDRESS **316 BAYLAN ST SUITE 250**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **VCD** ☐ Change ☒ Addition
 NAME **NAN WEAVER**
 STREET ADDRESS **10137 BOWMAN AVE**
 CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE **CD** ☐ Delete
 NAME **MORRISON, ROBERT N**
 STREET ADDRESS **1461 ROLLING OAKS DR.**
 CITY-ST-ZIP **MOLINO FL 32577**

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

TITLE **TD** ☐ Delete
 NAME **HUFFMAN, ROGER**
 STREET ADDRESS **180 N. PALAFOX ST.**
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **SD** ☐ Delete
 NAME **KILLAM, TULLULAN**
 STREET ADDRESS **3406 CHANTARENE RD.**
 CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **P** ☐ Delete
 NAME **CALLENDER, STAN**
 STREET ADDRESS **P.O. BOX 1147**
 CITY-ST-ZIP **GOZALEZ FL 32560**

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

TITLE **MD** ☐ Delete
 NAME **CALLENER, STAN**
 STREET ADDRESS **P.O. BOX 1147**
 CITY-ST-ZIP **GOZALEZ FL 32560**

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:

STAN CALLENDER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 (850) 937-0801
 Date Daytime Phone #

CR2E037 (10/00)