

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003547

1. Entity Name

ESCAROSA REGIONAL WORKFORCE DEVELOPMENT BOARD, I

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90110 032 \*\*\*\*61.25

Principal Place of Business 9111 STURDEVANT ST PENSACOLA FL 32514 US	Mailing Address 9111 STURDEVANT ST PENSACOLA FL 32514-7036 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3390564</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**EMMANUEL SHEPPARD & CONDON, P.A.**  
**30 S. SPRING STREET**  
**PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GOWING, BOB 1717 N "E" STREET PENSACOLA FL 32501 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SALTER, DON 5120 DOGWOOD DRIVE MILTON FL 32570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURDEN, JERRY 6650 HIGHWAY 90 MILTON FL 32570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairperson (VCD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Thomas, Jr. 474 Man O War Circle Pensacola, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson (CD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dr. Carol Law 25 West Romano Street Pensacola, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jerry E. Burden 4/12/00 (850) 623-3847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)