

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90017 038 ****61.25

0017658

DOCUMENT # N96000003547

1. Entity Name

ESCAROSA REGIONAL WORKFORCE DEVELOPMENT BOARD, I

Principal Place of Business

Mailing Address

9111 STURDEVANT ST
 PENSACOLA FL 32514
 US

9111 STURDEVANT ST
 PENSACOLA FL 32514
 US

728513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3390564

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EMMANUEL SHEPPARD & CONDON, P.A.
30 S. SPRING 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: **VCD** Delete
 NAME: **GOWING, BOB**
 STREET ADDRESS: **1717 N "E" STREET**
 CITY-ST-ZIP: **PENSACOLA FL 32501**

TITLE: **CD** Change Addition
 NAME: **Carol Law**
 STREET ADDRESS: **25 West Romano Street**
 CITY-ST-ZIP: **Pensacola, FL 32501**

TITLE: **CD** Delete
 NAME: **SALTER, DON**
 STREET ADDRESS: **5120 DOGWOOD DRIVE**
 CITY-ST-ZIP: **MILTON FL 32570**

TITLE: **VCD** Change Addition
 NAME: **Richard Thomas, Jr.**
 STREET ADDRESS: **474 Man O-War Circle**
 CITY-ST-ZIP: **Pensacola, FL 32533**

TITLE: **STD** Delete
 NAME: **BURDEN, JERRY**
 STREET ADDRESS: **6650 HIGHWAY 90**
 CITY-ST-ZIP: **MILTON FL 32570**

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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:

SIGNATURE OF JERRY BURDEN
Jerry Burden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01 (850) 473-0939
 Date Daytime Phone #

CR2E037 (10/00)