

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90698 038 ****61.25

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DOCUMENT # N96000003547
 1. Entity Name
ESCAROSA REGIONAL WORKFORCE DEVELOPMENT BOARD, I NC.

Principal Place of Business 9111 STURDEVANT ST PENSACOLA FL 32514 US	Mailing Address 9111 STURDEVANT ST PENSACOLA FL 32514 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3390564	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	CD LAW, CAROL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	25 W ROMANO STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE NAME	VCD THOMAS, RICHARD JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	474 MAN O WAR CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32533	
TITLE NAME	STD BURDEN, JERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6650 HIGHWAY 90	
CITY-ST-ZIP	MILTON FL 32570	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CD Richard Thomas, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	474 Man O War Circle	
CITY-ST-ZIP	Pensacola, FL 32533	
TITLE NAME	VCD Debbie Wiggins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	250 Chambers Avenue, Suite 33	
CITY-ST-ZIP	NAS Pensacola, FL 32508-5259	
TITLE NAME	STD Joseph Finley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	910 Gardengate Circle	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **REQUIRED** **329-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)