## **2001 UNIFORM BUSINESS REPORT (UBR)** Mar 15, 2001 8:00 am DOCUMENT # N9600005527 **Secretary of State** 1. Entity Name JAMES P. MORGAN MEMORIAL PARK AND BOTANICAL GARD 03-15-2001 90207 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 1192 MARY LOU LANE 1192 MARY LOU LANE GULF BREEZE FL 32561 **GULF BREEZE FL 32561** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3432990 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RANDOL, JAMES A 314 FORT PICKENS ROAD PENSACOLA FL 32561 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be $\Box$ FEE IS \$61.25 Trust Fund Contribution. **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DIRECTOR TITLE TITLE ☐ Change Delete RANDOL, JAMES A VIKI S. WEIR NAME NAME 1192 MARY LOU UNE STREET ADDRESS 314 FORT PICKENS ROAD STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH FL 32561 CITY-ST-ZIP 32561 GULF BREEZE. DIRECTOR TITLE ☐ Delete TITLE ☐ Change MOLLY MEGUIRE GORDON, DOUG NAME NAME 102 MATAMOROS STREET ADDRESS 135 SABINE DR STREET ADDRESS PENSALOLA BEACH, FL -CITY-ST-ZIP -PENSACOLA FL 32561 CITY-ST-ZIP 32561

DIRECTOR ☐ Change **X** Addition TITLE Delete GRIFFITH, BILL NAME JANE WATERS-COOPER STREET ADDRESS 257 SABINE DR STREET ADDRESS 1203 ARIOLA DR CITY-ST-ZIP PENSACOLA BEACH, FL 32561 PENSACOLA BEACH FL 32561 CITY-ST-ZIP TITLE X Delete TITLE DIRECTOR Change Addition NAME CRONGEYER, ESTHER NAME JOE FEALLOCK 330 FORT PICKENS RD #12C STREET ADDRESS STREET ADDRESS 4118 OAKPOINTE DR CITY - ST-ZIE CITY-ST-ZIP PENSACOLA BEACH FL 32561 GOLF BREEDE, FL 32561 **X** Delete TITLE Addition TITLE Change EYMAN, STEVE NAME NAME JOHNE BROOKS STREET ADDRESS 1708 VIA DELUNA STREET ADDRESS 900 FT. PICKENS RD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA BEACH FL 32561 PENSACOLA BEHCH, FL TITLE TITLE DIMECTOR Addition ☐ Delete ☐ Change MORGAN, DOROTHY NAME ROBERT SHEEHAN NAME STREET ADDRESS 200 PENSACOLA BEACH BLVD STREET ADDRESS 101 OVIEDO

I hereby certify that the information supplied with his filling 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 by 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 a e empowered.

CITY-ST-ZIP

SIGNATURE

**GULF BREEZE FL 32561** 

CITY-ST-78

12MARO1

32561

GULF BREEZE FL

**Addition** 

**X** Addition