

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006331

1. Entity Name

PENSACOLA HISTORIC DISTRICT PROPERTY OWNERS, INC

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90250 003 ****61.25

Principal Place of Business

522 E. GOVERNMENT ST.

4

PENSACOLA FL 32501-6023

Mailing Address

522 E. GOVERNMENT ST.

4

PENSACOLA FL 32501-6120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

HITT, JANICE

522 E. GOVERNMENT ST.

4

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 P D ☐ Delete

NAME HITT, JANICE

STREET ADDRESS 522 E. GOVERNMENT ST., # 4

CITY-ST-ZIP PENSACOLA FL 32501-6023

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DT ☐ Delete

NAME NEWYON, CONNIE

STREET ADDRESS 213 SOUTH ALCANIZ STREET

CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE D ☐ Delete

NAME DAUGHTRY, DENISE

STREET ADDRESS 226 E. INTENDENCIA ST.

CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE V ☐ Delete

NAME BAUCUM, PETE

STREET ADDRESS 336 E. INTENDENCIA ST.

CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Janice M. Hitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (850) 432-7772

Date

Daytime Phone #

CR2E037 (9/99)