

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000251

1. Entity Name

AVONDALE NEIGHBORHOOD WATCH ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90064 002 ****61.25

Principal Place of Business

Mailing Address

5677 VENTURA LANE
PENSACOLA FL 32526

5677 VENTURA LANE
PENSACOLA FL 32526-2062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3447253

Applied For

Not Applicable

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

FISHER, JACQUELYN D
5677 VENTURA LANE
PENSACOLA FL 32526

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 PD ☐ Delete
NAME FISHER, JACQUELYN D
STREET ADDRESS 5677 VENTURA LANE
CITY-ST-ZIP PENSACOLA FL 32526

T ☐ Change ☒ Addition
NAME George, shirley
STREET ADDRESS 5687 ventura lane
CITY-ST-ZIP Pensacola, florida 32526

TITLE VTD ☐ Delete
NAME CLAYTON, GRIFFITH
STREET ADDRESS 5806 VENTURA LANE
CITY-ST-ZIP PENSACOLA FL 32526

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

TITLE MD ☐ Delete
NAME HUGH, ELDRIDGE
STREET ADDRESS 5720 VESTAVIA LANE
CITY-ST-ZIP PENSACOLA FL 32526

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

TITLE MD ☐ Delete
NAME HOPKIN, LU
STREET ADDRESS VESTAVIA LANE
CITY-ST-ZIP PENSACOLA FL 32526

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

TITLE SD ☒ Delete
NAME GOODSON, TINA
STREET ADDRESS 5780 WICKFORD LANE
CITY-ST-ZIP PENSACOLA FL 32526

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

TITLE D ☒ Delete
NAME SIMS, RENE
STREET ADDRESS 5649 VENTURA LANE
CITY-ST-ZIP PENSACOLA FL 32526

☐ Change ☐ Addition
TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-00 850-455-2173

CR2E037 (9/99)