

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000403

1. Entity Name

LAS BRISAS NEIGHBORHOOD COMMUNITY WATCH, INC.

Principal Place of Business

3070 BENT OAK ROAD
PENSACOLA FL 32526

Mailing Address

3070 BENT OAK ROAD
PENSACOLA FL 32526

2. Principal Place of Business

3021 ENGLISH OAK CIR

3. Mailing Address

P.O. Box 3776

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Pensacola, FL

Zip

32526

Country

Escambia

Zip

32516

Country

Escambia

6. Name and Address of Current Registered Agent

LEE, WILLIAM L
3070 BENT OAK ROAD
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name

STEVEN J. KLING

Street Address (P.O. Box Number is Not Acceptable)

3021 ENGLISH OAK CIRCLE

City

PENSACOLA

FL

Zip Code

32526

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.

STEVEN J. KLING

(NOTE: Registered Agent signature required when reinstating)

1/6/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FORD, DEBBIE 3225 LAS BRISAS DR PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D PEACH, ERNEST 7190 PRINCESS LN PENSACOLA FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DAVIS, MARY 3025 ENGLISH OAK CIR PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SIMMONS, EARNEST P 3000 PANAMA DR PENSACOLA FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KLING STEVEN J. 3021 ENGLISH OAK CIRCLE PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LEE, WILLIAM L 3070 BENT OAK ROAD PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN J. KLING

Date

1/6/01

Daytime Phone #

(850) 434-5371



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)