

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000403

1. Entity Name

LAS BRISAS NEIGHBORHOOD COMMUNITY WATCH, INC.

Principal Place of Business

3021 ENGLISH OAK CIR.
PENSACOLA FL 32526

Mailing Address

P O BOX 3776
ESCAMBIA FL 32516

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KLING, STEVEN
3021 ENGLISH OAK CIR.
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

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

TITLE P/D ☐ Delete
NAME KLING, STEVEN J
STREET ADDRESS 3021 ENGLISH OAK CIR.
CITY-ST-ZIP PENSACOLA FL 32526

TITLE S/D ☒ Delete
NAME PEACH, ERNEST
STREET ADDRESS 7190 PRINCESS LN
CITY-ST-ZIP PENSACOLA FL 32526

TITLE V/D ☐ Delete
NAME LEE, WILLIAM L
STREET ADDRESS 3070 BENT OAK RD.
CITY-ST-ZIP PENSACOLA FL 32526

TITLE T/D ☐ Delete
NAME SIMMONS, EARNEST P
STREET ADDRESS 3000 PANAMA DR
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/D ☐ Change ☒ Addition
NAME KLING, KAREN K
STREET ADDRESS 3021 ENGLISH OAK CIR
CITY-ST-ZIP PENSACOLA FL 32526

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Kling

3/18/02 (850) 434-5371

Date

Daytime Phone #

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90475 046 ****61.25

00063400



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3449855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)