

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001168

1. Entity Name

BRITTON PLACE COMMUNITY IMPROVEMENT CORPORATION

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90113 036 ****61.25

Principal Place of Business	Mailing Address
1820 WEST JORDAN STREET PENSACOLA FL 32501	1820 WEST JORDAN STREET PENSACOLA FL 32501-1573

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOODMAN, RALPH 1820 WEST JORDAN STREET 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. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, RALPH	NAME	
STREET ADDRESS	1820 W. JORDAN ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, EARLEAN	NAME	
STREET ADDRESS	1901 W. MAXWELL ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, LISA	NAME	
STREET ADDRESS	1920 W MAXWELL ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, ROOSEVELT	NAME	
STREET ADDRESS	1830 W MAXWELL ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWE, CHARLES	NAME	
STREET ADDRESS	1900 W BOBE ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ALICE	NAME	
STREET ADDRESS	2031 "M" STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	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]* SIGNATURE REQUIRED April 2-00 850-432-3776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)