

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001168**

1. Entity Name

BRITTON PLACE COMMUNITY IMPROVEMENT CORPORATION**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90139 018 ****61.25

0016833

Principal Place of Business

1820 WEST JORDAN STREET
PENSACOLA FL 32501

Mailing Address

1820 WEST JORDAN STREET
PENSACOLA FL 32501

A0004303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491357

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

Name

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

City

FL

Zip Code

GOODMAN, RALPH
1820 WEST JORDAN STREET
PENSACOLA FL 32501

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	GOODMAN, RALPH	1820 W. JORDAN ST	PENSACOLA FL 32501				
V	ROBERSON, EARLEAN	1901 W. MAXWELL ST	PENSACOLA FL 32501				
SD	SAMUEL, LISA	1920 W MAXWELL ST	PENSACOLA FL 32501				
TD	MCKENZIE, ROOSEVELT	1830 W MAXWELL ST	PENSACOLA FL 32501				
D	POWE, CHARLES	1900 W BOBE ST	PENSACOLA FL 32501				
D	BENNETT, ALICE	2031 "M" STREET	PENSACOLA FL 32501				

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:

RALPH GOODMAN

4-28-01 (850) 432-3776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)