

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90127 011 ****61.25

DOCUMENT # *N97000001168*

1. Entity Name

BRITTON PLACE COMMUNITY CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1820 west jordan st.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA

City & State

4. FEI Number

59-3491357

Applied For

Not Applicable

Zip

32501

Country

escambia

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ralph GOODMAN

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

1820 WEST JORDAN STREET

City

PENSACOLA

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

Ralph Goodman (President)

4-29-03

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOODMAN, Ralph
STREET ADDRESS 1820 W Jordan ST.
CITY-ST-ZIP Pensacola FL 32501

TITLE VD
NAME Aikens, Tony
STREET ADDRESS 1901 North K Street
CITY-ST-ZIP Pensacola, FL 32501

TITLE SD
NAME Samuel, Lisa
STREET ADDRESS 1920 W. Maxwell ST.
CITY-ST-ZIP Pensacola, FL 32501

TITLE TD
NAME MCKenzie, Roosevelt
STREET ADDRESS 1830 W. Maxwell ST.
CITY-ST-ZIP Pensacola, FL

TITLE S
NAME Middleton, Ineace
STREET ADDRESS 2406 W. Hernandez ST.
CITY-ST-ZIP Pensacola, FL 32505

TITLE D
NAME Skinkle, Tommie
STREET ADDRESS 1700 North G Street
CITY-ST-ZIP Pensacola, FL 32501

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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

Ralph Goodman

4-29-03

(850) 432-3776

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)