

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001884

1. Entity Name

NORTHWEST CHAPTER OF THE FLORIDA ASSOCIATION OF

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90194 014 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4300 BAYOU BLVD  
STE. ONE  
PENSACOLA FL 32503

4300 BAYOU BLVD  
STE. ONE  
PENSACOLA FL 32503-2678

2. Principal Place of Business

105 Beverly Pkwy.  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 6477  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Pensacola FL	City & State Tallahassee FL	4. FEI Number 59-3437257	Applied For <input type="checkbox"/> Not Applicable
Zip 32505	Country USA	Zip 32314-6477	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, KAREN J 1292 CEDAR CENTER DR. TALLAHASSEE FL 32308		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 \_\_\_\_\_ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIE, LYNN T 224 E GARDEN STREET #5 PENSACOLA FL 32501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Dir Brad Pittman 105 Beverly Parkway Pensacola FL 32505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, MIKE 4300 BAYOU BLVD STE 1 PENSACOLA FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect - Dir Nancy Viejo 3510-D Thomas Drive Panama City Beach FL 32408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, KAREN L 1609 GULF SHORES PKWY GULF SHORES FL 36542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Dir Wayne Langston 2917 Livingston Rd Suite 100 Tallahassee FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Brad Pittman 1-28-00 (850) 433-4663  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)