

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002743

DOCUMENT # N97000002142

1. Entity Name

THE INTERVENTION GROUP INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 SEP 11 PM 2:44

Principal Place of Business

1805 N 6TH AVE  
PENSACOLA FL 32503  
US

Mailing Address

1805 N 6TH AVE  
PENSACOLA FL 32503  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3443657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, GROVER C  
1805 N 6TH AVE  
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name:

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

17 W Maxwell St  
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.

SIGNATURE

Anthony D. Sims Officer

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  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Delete
NAME	SIMS, ANTHONY D	
STREET ADDRESS	2002 FILLY ROAD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, RODNEY	
STREET ADDRESS	940 CREIGHTON ROAD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, FARROW	
STREET ADDRESS	1200 W GADSDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEELMAN, BILL	
STREET ADDRESS	1140 E NINE MILE RD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, WILLIAM H	
STREET ADDRESS	1803 E. SCOTT ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, HERBERT	
STREET ADDRESS	6781 ROLLING HILLS RD	
CITY-ST-ZIP	PENSACOLA FL 32505	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300022944753	
CITY-ST-ZIP	09/11/03--01008--004 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED Anthony D. Sims

Date

Daytime Phone #

9/5/03 850-433-9712

CR2E037 (4/03)