

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003791

1. Entity Name

URBAN LEAGUE OF PENSACOLA, FLORIDA, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90019 035 ****70.00

Principal Place of Business

421 N. PALAFOX ST.
 PENSACOLA FL 32501

Mailing Address

421 N. PALAFOX ST.
 PENSACOLA FL 32501

2. Principal Place of Business

30 Seminde Tr.

3. Mailing Address

P.O. Box 83

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Pensacola Florida

Zip
 32506

Country

City & State
 Pensacola, Florida

Zip
 32591-0083

Country

4. FEI Number

59-3392392

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHIBBS, VINCENT J JR.
 421 N. PALAFOX ST.
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Gail Rivers

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

30 Seminde Tr.

City

Pensacola

FL

Zip Code

32506

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

9/11/00

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERS, GAIL	
STREET ADDRESS	530 WYNNEHURST ST. 30 Seminde Tr.	
CITY-ST-ZIP	PENSACOLA FL 32503	32506
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, LINDA R	
STREET ADDRESS	P.O. BOX 9085	
CITY-ST-ZIP	PENSACOLA FL 32513	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORD, MICHAEL E	
STREET ADDRESS	712 UNDERWOOD AVE.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHIBBS, VINCE JR.	
STREET ADDRESS	421 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANKLINS, LEON	
STREET ADDRESS	719 NORTH C ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, PAT	
STREET ADDRESS	8175 IMPERIAL DR.	
CITY-ST-ZIP	PENSACOLA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Mack	
STREET ADDRESS	210 Washington St	
CITY-ST-ZIP	Cantonment FL 32533	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Percy Goodman	
STREET ADDRESS	3484 Rivergarden Circle	
CITY-ST-ZIP	Pen., FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Serome Watson	
STREET ADDRESS	1520 Templemore Dr.	
CITY-ST-ZIP	Pensacola, FL 32533	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorene Wilson	
STREET ADDRESS	1401 East Bobe St	
CITY-ST-ZIP	Pensacola, Florida 32503	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronnie Wibeman	
STREET ADDRESS	5913 West Shore Dr	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Parkins	
STREET ADDRESS	37 Star Lake Dr	
CITY-ST-ZIP	Pensacola, Florida 32507	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00 (850) 453-8994

Date

Daytime Phone #

CR2E037 15/001