

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003791

1. Entity Name

URBAN LEAGUE OF PENSACOLA, FLORIDA, INC.

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90060 025 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

30 SEMINOLE TRAIL
PENSACOLA FL 32506

PO BOX 83
PENSACOLA FL 32591

2. Principal Place of Business

1275 E. Jordan St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola Florida

City & State

4. FEI Number

59-3392392

Applied For

Not Applicable

Zip
32503

Country
Escambia

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

RIVERS, GAIL
30 SEMINOLE TRIAL
PENSACOLA FL 32506

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ED
NAME RIVERS, GAIL
STREET ADDRESS 530 WYNNEHURST ST
CITY-ST-ZIP PENSACOLA FL 32503
30 Seminole Tr.
32506

TITLE M
NAME Rev. Clifton McMillan
STREET ADDRESS 10920 Tarabawn Cir.
CITY-ST-ZIP Pensacola, Florida 32534
☐ Change ☒ Addition

TITLE D
NAME DANIEL, LINDA R
STREET ADDRESS P.O. BOX 9085
CITY-ST-ZIP PENSACOLA FL 32513
☐ Delete

TITLE D
NAME Gail Rivers
STREET ADDRESS 30 Seminole Tr.
CITY-ST-ZIP Pensacola, Florida 32506
☐ Change ☒ Addition

TITLE D
NAME GOODMAN, PERCY
STREET ADDRESS 3484 RIVERGARDEN CIRCLE
CITY-ST-ZIP PENSACOLA FL 32514
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE BD
NAME WATSON, JEROME
STREET ADDRESS 1520 TEMPLEMORE DR
CITY-ST-ZIP PENSACOLA FL 32533
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME WIDEMAN, RONNIE
STREET ADDRESS 5913 WETSHORE DR.
CITY-ST-ZIP PENSACOLA FL 32526
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME MACK, JOE
STREET ADDRESS 210 WASHINGTON ST
CITY-ST-ZIP CANTONMENT FL
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02 (850) 453-8994

CR2E037 (9/01)