

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005256

1. Entity Name

ESCAMBIA COUNTY CITIZENS' COALITION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90024 023 ****61.25

Principal Place of Business

Mailing Address

2014 HAMILTON CROSSING DRIVE
CANTONMENT FL 32533

2014 HAMILTON CROSSING DRIVE
CANTONMENT FL 32533-5812

2. Principal Place of Business

8509 PUNTA LORA

3. Mailing Address

P.O. 34001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3475682

Applied For

Not Applicable

Zip

32514

Country

Zip

32507

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

THERIAQUE, DAVID A
909 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 DPC ☐ Delete
NAME FOURNIER, GAIL
STREET ADDRESS 317 BREMEN AVE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Change ☒ Addition
NAME GLENN, JOHN
STREET ADDRESS 557 NORTH CREEK CIRCLE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE DPC ☒ Delete
NAME MONTENES, FRANCIS A
STREET ADDRESS 2014 HAMILTON CROSSING DR
CITY-ST-ZIP CANTONMENT FL 32533

TITLE T/D ☐ Change ☒ Addition
NAME BANSER, ROBERT
STREET ADDRESS 17119 PERDIDO KEY DR. #A21
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Delete
NAME SANBORNE, ANNE
STREET ADDRESS 900 FORT PICKENS
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE D ☐ Change ☒ Addition
NAME HAVEARD, MICHAEL
STREET ADDRESS 14075 WATERVIEW DR.
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Delete
NAME THOMPSON, BETTY
STREET ADDRESS 702 MALDONADO DRIVE
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE D ☐ Change ☒ Addition
NAME MARSCH, ED
STREET ADDRESS 3515 SILVERTREE LANE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE D ☒ Delete
NAME ROSS, WILLIAM A
STREET ADDRESS 5605 INNERARITY CIRCLE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE P/D ☐ Change ☒ Addition
NAME CUTRONE, FRANK
STREET ADDRESS 8509 PUNTA LORA
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☐ Delete
NAME BANSER, NOELLE
STREET ADDRESS 17119 PERDIDO KEY DR #A21
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Change ☒ Addition
NAME KEESLER, BYRON
STREET ADDRESS 516 W. BLOWIT ST.
CITY-ST-ZIP PENSACOLA FL 32501

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

DIRECTOR/TREASURER 2/14/00 (850) 492-2552

Date

Daytime Phone #

CR2E037 (9/99)