

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-31-2001 90300 046 ****61.25

DOCUMENT # N97000005256

1. Entity Name

ESCAMBIA COUNTY CITIZENS' COALITION, INC.

Principal Place of Business

8509 PLINTA LORA
PENSACOLA FL 32514

Mailing Address

P.O. 34001
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3475682

Applied For

Not Applicable

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

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

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

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

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

TITLE D ☐ Change ☒ Addition
NAME EDWARD MARSH
STREET ADDRESS 3515 SILVERBEE LANE
CITY-ST-ZIP PENSACOLA FL 32504

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

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

TITLE PD ☐ Delete
NAME CUTRONE, FRANK
STREET ADDRESS 8509 PLINTA LORA
CITY-ST-ZIP PENSACOLA FL 32514

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

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert Banser

Date

2/16/01

Daytime Phone #

850-492-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BANSER

CR2E037 (10/00)