

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90172 014 ****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. Box 25
 PENSACOLA FL 32507
 GONZALEZ, FL 32560**

2. Principal Place of Business

702 MALDONADO DRIVE

3. Mailing Address

P.O. Box 25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA BEACH FL 32561

City & State

GONZALEZ FL 32560

Zip

Country

Zip

Country

4. FEI Number

59-3475682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THERIAQUE, DAVID A
 909 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLENN, JOHN	
STREET ADDRESS	557 NORTHCREEK CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BANSER, ROBERT	
STREET ADDRESS	17119 PERDIDO KEY DR. #A21	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANBORNE, ANNE	
STREET ADDRESS	900 FORT PICKENS	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, BETTY	
STREET ADDRESS	702 MALDONADO DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CUTRONE, FRANK	
STREET ADDRESS	8509 PLINTA LORA	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANSER, NOELLE	
STREET ADDRESS	17119 PERDIDO KEY DR #A21	
CITY-ST-ZIP	PENSACOLA FL 32507	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOPER, JEANNE	
STREET ADDRESS	1005 BRANDERMILL DRIVE	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTENES, FRANCIS	
STREET ADDRESS	2014 HAMILTON CROSSING DRIVE	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, VIRGINIA	
STREET ADDRESS	4514 Baybrook Drive	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BETTY	
STREET ADDRESS	702 MALDONADO DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANSER, ROBERT	
STREET ADDRESS	17119 PERDIDO KEY DRIVE #A21	
CITY-ST-ZIP	PENSACOLA, FL 32507	
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 like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 APRIL 2002 (850)968-9717

Date

Daytime Phone #

CR2E037 (9/01)