

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

0017022

03-28-2001 90074 050 *****70.00

DOCUMENT # N97000006961

1. Entity Name

GASLIGHT SQUARE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

356 WEST NINE MILE ROAD
 PENSACOLA FL 32434

P.O. BOX 30424
 PENSACOLA FL 32403-1424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1722219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELVIN, JACKIE P
356 WEST NINE MILE ROAD
PENSACOLA FL 32534

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	DS	<input type="checkbox"/> Delete
NAME	WEBER, JAY W	
STREET ADDRESS	3800 AIRPORT BOULEVARD, SUITE 200	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LORD, L. ELLIS	
STREET ADDRESS	3800 AIRPORT BOULEVARD, SUITE 200	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MELVIN, JACKIE P	
STREET ADDRESS	356 WEST NINE MILE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	V	<input type="checkbox"/> Delete
NAME	EDGAR, CHARLES J	
STREET ADDRESS	356 WEST NINE MILE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

3-26-2001

(334) 343-8198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)