2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000004911 Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** PENSACOLA EARTHSHAKERS-RACING AGAINST ALCOHOL & 02-04-2000 90070 010 ****61.25 Principal Place of Business Mailing Address 5105 N. PALAFOX STREET 6531 MEMPHIS AVE PENSACOLA FL 32526-9077 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address PalaFox Street 5105 ĽΝ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Densacola 58-2427768 Not Applicable EScambia Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GREEN, SHEILA 6531 MEMPHIS AVE PENSACOLA FL 32526 Zip Code 3,1,8 5 FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE Vice Presi ■ Addition DONSON, TERRY NAME James Kimbrell NAME STREET ADDRESS 7816 OAK FOREST PL STREET ADDRESS 11 Hansen 13-16. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 Delete TITLE TITLE Change ☐ Addition GREEN, SHEILA J NAME NAME Sarah C. Hilla STREET ADDRESS 6531 MEMPHIS AVE STREET ADDRESS 24 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32526 TITLE Delete TITLE ☐ Addition Change NAME James, Beverly NAME STREET ADDRESS STREET ADDRESS 518 FITZGERALD ST CITY-\$T-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Small C. Holland

1/24/00 54

395-613

Daytime Phone #