

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90267 040 ****61.25

DOCUMENT # N99000000236

1. Entity Name

WHIBBS CHARITABLE FOUNDATION, INC.

Principal Place of Business

**3401 NAVY BOULEVARD
PENSACOLA FL 32505**

Mailing Address

**3401 NAVY BOULEVARD
PENSACOLA FL 32505**

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

59-3549506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, EDESEL F JR
308 SOUTH JEFFERSON STREET
PENSACOLA FL 32501**

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 **PTD** ☐ Delete
NAME **WHIBBS, MARK**
STREET ADDRESS **2315 SUMMIT BLVD.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **SD** ☐ Delete
NAME **MATTHEWS, EDESEL F JR**
STREET ADDRESS **2721 BLACKSHEAR AVE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
NAME **WHIBBS, VINCE SR**
STREET ADDRESS **3260 SEVILLE DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
NAME **BROWN, JACK**
STREET ADDRESS **761 WHITNEY DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
NAME **WHIBBS, JOHN P**
STREET ADDRESS **3165 WINDERMERE DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete
NAME **WHIBBS, WILLIAM P**
STREET ADDRESS **2120 TRONJO RD**
CITY-ST-ZIP **PENSACOLA FL 32503**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2001

Date

850-433-7671

Daytime Phone #

CR2E037 (10/00)