

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2003 8:00 am**  
**Secretary of State**

06-20-2003 90028 043 \*\*\*\*70.00

DOCUMENT # **N99000000775**

1. Entity Name  
**PANHANDLE RESEARCH FOUNDATION, INC.**



Principal Place of Business  
~~8170 LODE STAR AVENUE  
PENSACOLA FL 32514-7424~~

Mailing Address  
~~8170 LODE STAR AVENUE  
PENSACOLA FL 32514-7424~~

2. Principal Place of Business  
**4806 Rosemont Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 11202**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Pensacola, FL**  
Zip  
**32514**  
Country

City & State  
**Pensacola, FL**  
Zip  
**32524**  
Country

4. FEI Number **59-3664898**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~HOWIE, RICHARD P  
8170 LODE STAR AVENUE  
PENSACOLA FL 32514-7424~~

7. Name and Address of New Registered Agent

Name **Timothy O. Brooks**  
Street Address (P.O. Box Number is Not Acceptable)  
**4806 Rosemont Place**  
City **Pensacola** FL Zip Code **32514**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Timothy O. Brooks**

**6-16-03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROOKS, TIMOTHY</b>	
STREET ADDRESS	<b>P.O. BOX 11247</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32524-1247</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEE, WILLIAM</b>	
STREET ADDRESS	<b>6160 NORTH DAVIS HIGHWAY SUITE 9</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRASER, DOUGLAS</b>	
STREET ADDRESS	<b>6160 NORTH DAVIS HIGHWAY SUITE 9</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**

**6-16-03**

**(850) 476-7586**

CR2E037 (10/02)