

**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**

DATE **6-16-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

DATE **6-16-03** **(850) 476-7586**

CR2E037 (10/02)