

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001047

1. Entity Name

NORTHWEST FLORIDA ASSOCIATION OF OCCUPATIONAL HE

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90003 041 ****70.00

0002478

Principal Place of Business Mailing Address
180 GOVERNMENTAL CTR PO BOX 12910
PENSACOLA FL 32501 PENSACOLA FL 32510
US US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3568629

Applied For

Not Applicable

Zip

Country

Zip

Country

32521

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, SCOTT C ESQ
37 N ORANGE AV SUITE 200
ORLANDO FL 32801

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME PARRISH, CAROLYN
STREET ADDRESS 8520 WINDING LN.
CITY-ST-ZIP PENSACOLA FL 32514 ☒ Delete

TITLE D
NAME MALIPPA, DIANE
STREET ADDRESS 712 KATHY AVE.
CITY-ST-ZIP FT. WALTON FL 32547 ☒ Delete

TITLE D
NAME JOHNSON, ALINA
STREET ADDRESS 115 GLEN EAGLES DR.
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE DP
NAME BROWN, BETTY JEAN
STREET ADDRESS 916 S. I ST., APT. #3
CITY-ST-ZIP PENSACOLA FL 32501 ☒ Delete

TITLE DV
NAME PEUGEOT, ALBERTA
STREET ADDRESS 13694 OLD RIVER RD., #317
CITY-ST-ZIP PENSACOLA FL 32507 ☒ Delete

TITLE DS
NAME LONG, PAMELA
STREET ADDRESS 1933 DUNLAP ST.
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Wilson, Kristy
STREET ADDRESS 505 Riola Place
CITY-ST-ZIP Pensacola FL 32506 ☐ Change ☒ Addition

TITLE T
NAME Ensell, Brynn
STREET ADDRESS 11614 Wakefield Drive
CITY-ST-ZIP Pensacola FL 32514 ☐ Change ☒ Addition

TITLE D
NAME Brown, Betty Jean
STREET ADDRESS 916 S. I ST., APT. #3
CITY-ST-ZIP Pensacola, FL 32501 ☒ Change ☐ Addition

TITLE V
NAME Stoops, Karen
STREET ADDRESS 10137 Bittern Drive
CITY-ST-ZIP Pensacola, FL 32509 ☐ Change ☒ Addition

TITLE S
NAME Roby, Debra
STREET ADDRESS 638 Ray Street
CITY-ST-ZIP Pensacola, FL 32534 ☐ Change ☒ Addition

TITLE P
NAME Long, Pamela
STREET ADDRESS 6936 Kitty Hawk Drive
CITY-ST-ZIP Pensacola, FL 32506 ☒ Change ☐ 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]*

07/21/2001 850 435-1164

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