

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90070 045 ****61.25

DOCUMENT # N99000003802

1. Entity Name

SCENIC TERRACE OWNERS ASSOCIATION, INC.

Principal Place of Business

1700 SCENIC HWY
PENSACOLA FL 32503

Mailing Address

1700 SCENIC HWY
PENSACOLA FL 32503

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

59-3606582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MURPHEY, PAM
C/O 1700 SCENIC HWY OFFICE
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

Jim Bradley

Street Address (P.O. Box Number is Not Acceptable)

1700 Scenic Hwy Unit 1120
Pensacola

City

FL

Zip Code

32503

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

1-8-02

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	PD	<input type="checkbox"/> Delete
NAME	FURLONG, SKIP GM	
STREET ADDRESS	1700 SCENIC HWY # 702	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HILBERT, GERALD	
STREET ADDRESS	1700 SCENIC HWY #600	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	NICKELSEN, ERIC J	
STREET ADDRESS	601 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOLLIMAN, PHOEBE	
STREET ADDRESS	1700 SCENIC HWY # 201	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	BM	<input type="checkbox"/> Delete
NAME	BRADLEY, JIM	
STREET ADDRESS	3280 W SCOTTS ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawler, Ralph	
STREET ADDRESS	1700 Scenic Hwy #504	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JIM BRADLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 850-432-0023

CR2E037 (9/01)