

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90149 006 ****61.25

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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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, JIM
1700 SCENIC HWY UNIT 1120
PENSACOLA FL 32503**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FURLONG, SKIP CM	
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	3200 W SCOTTS ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	BM	<input type="checkbox"/> Delete
NAME	ZAWLER, RALPH	
STREET ADDRESS	1700 SCENIC HWY 504	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NYE, CHARLES	
STREET ADDRESS	1700 SCENIC HWY, #1100	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32503	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1700 SCENIC HWY, # 1120	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAWTER, RALPHE	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley D. Hollimon
January 8, 2003

CR2E037 (10/02)