

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90797 036 \*\*\*\*70.00

**DOCUMENT # N99000006084**

1. Entity Name

**MYRTLE GROVE NEIGHBORHOOD WATCH, INC.**

Principal Place of Business

Mailing Address

5398 LILLIAN HWY #35  
 PENSACOLA FL 32506

5398 LILLIAN HWY #35  
 PENSACOLA FL 32506

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

**59-3531305**

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

7. Name and Address of New Registered Agent

**SHICK, T W**  
**5398 LILLIAN HWY #35**  
**PENSACOLA FL 32506**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHICK, T W</b>	
STREET ADDRESS	<b>5398 LILLIAN HWY #35</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, MEL</b>	
STREET ADDRESS	<b>6450 BIRKHEAD DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAMOWITZ, CHRIS</b>	
STREET ADDRESS	<b>12 COLBY LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, MARY E</b>	
STREET ADDRESS	<b>63 DELUNA DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHELBY, BILL</b>	
STREET ADDRESS	<b>19 LINDA ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLBERG, JOSEPH F</b>	
STREET ADDRESS	<b>231 WILLOW STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERRY DORAN</b>	
STREET ADDRESS	<b>611 EDGECLIFF DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELIZABETH HONEA</b>	
STREET ADDRESS	<b>610 72nd AVENUE</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAULA NELLOMS</b>	
STREET ADDRESS	<b>28 LINDA STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, MEL</b>	
STREET ADDRESS	<b>6450 BIRKHEAD DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>	

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: *J. Wayne Shick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02 (850) 453-1508  
 Date Daytime Phone #

CR2E037 (9/01)