

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90003 041 ****61.25

DOCUMENT # N99000006822

1. Entity Name

BROWNSVILLE RESOURCE AND OUTREACH CENTER, INC.

Principal Place of Business

Mailing Address

**3100 WEST DESOTO STREET
 PENSACOLA FL 32505**

**3100 WEST DESOTO STREET
 PENSACOLA FL 32505-7005**

00101V



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1014 N. "X" Street

1014 N. "X" Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number

59-3609345

Applied For

Not Applicable

Zip
32505

Country
USA

Zip
32505

Country
USA

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

**ROBERTSON, CAREY
 3100 WEST DESOTO STREET
 PENSACOLA FL 32505**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **CASTLEMAN, LEX**
 CITY-ST-ZIP **3271 WINDMILLE CIRCLE
 CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TISDALE, EDDIW**
 CITY-ST-ZIP **930 RIDGE WAY
 CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MELTON, ELMER**
 CITY-ST-ZIP **1603 LARRY STREET
 PENSACOLA FL 32505**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BERRY, R.L.**
 CITY-ST-ZIP **48 DELUNA DRIVE
 PENSACOLA FL 32526**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STANDIFER, JOHNNY**
 CITY-ST-ZIP **7101 BEULAH ROAD
 PENSACOLA FL 32526**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **YOUNGSTROM, RANDY**
 CITY-ST-ZIP **4640 DEERFIELD DRIVE
 PENSACOLA FL 32526**

TITLE ☐ Change ☐ 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: **Wesley J Weaver** 4/7/00 (850) 433-3078 6.25/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)