

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009815

1. Entity Name

CLOVER PROPERTIES OF PENSACOLA, INC.

Principal Place of Business

2153 COPLEY DR.
PENSACOLA FL 32503

Mailing Address

2153 COPLEY DR.
PENSACOLA FL 32503

2. Principal Place of Business

209 Massachusetts Ave

3. Mailing Address

209 Massachusetts Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL 32505

City & State

Pensacola FL

4. FEI Number

65-0980458

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

VRENENBURG, J. BRUCE
2153 COPLEY DR.
PENSACOLA FL 32503

Name

Brenton L Etheridge

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

209 Massachusetts Ave

City

Pensacola

FL

Zip Code

32505

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

Brenton L Etheridge

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-08-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VREDENBERG, J. BRUCE	
STREET ADDRESS	2153 COPLEY DR.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	ETHERIDGE, BRENTON L	
STREET ADDRESS	P.O. BOX 17432	
CITY-ST-ZIP	PENSACOLA FL 32522	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELTON, JEROME H	
STREET ADDRESS	P.O. BOX 17432	
CITY-ST-ZIP	PENSACOLA FL 32522	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenton L Etheridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08-01

Date

853-433-1199

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)