

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000114139**

1. Entity Name

PENSACOLA GROUP, INC.**FILED****Apr 09, 2001 8:00 am**
Secretary of State

04-09-2001 90032 007 ***150.00

Principal Place of Business

**C/O JAMES S. CAMPBELL 3 W GARDEN ST. 700
PENSACOLA FL 32501**

Mailing Address

**C/O JAMES S. CAMPBELL 3 W GARDEN ST. 700
PENSACOLA FL 32501**

2. Principal Place of Business

2200 Via DeLuna Drive

Suite, Apt. #, etc.

3. Mailing Address

2200 Via DeLuna Drive

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

City & State

Pensacola Beach, FL

4. FEI Number

59-3701171☒ Applied For☐ Not ApplicableZip
32561Country
USAZip
32561Country
USA5. 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****CAMPBELL, JAMES C
C/O JAMES S. CAMPBELL 3 W GARDEN ST, 700
PENSACOLA FL 32501**

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

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 checked="" type="checkbox"/> Delete
NAME	CAMPBELL, JAMES C	
STREET ADDRESS	BEGGS AND LANE 3 W GARDEN LN, STE 700	
CITY-ST-ZIP	PENSACOLA FL 32501	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levin, Allen R.	
STREET ADDRESS	2200 Via DeLuna Drive	
CITY-ST-ZIP	Pensacola Beach, FL 32561	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rinke, Robert L.	
STREET ADDRESS	2200 Via DeLuna Drive	
CITY-ST-ZIP	Pensacola Beach, FL 32561	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levin, Fred	
STREET ADDRESS	316 South Baylen Street, Suite 600	
CITY-ST-ZIP	Pensacola, Florida 32501	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen R. Levin, President

Date

Daytime Phone #

3/21/01

CR2E034 (10/00)