

FILED

Apr 21, 2002 8:00 am
Secretary of State

03-22-2002 90042 047 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054359

1. Entity Name

MUSCOGEE WHARF, INC.

Principal Place of Business

Mailing Address

~~610 JAMES C. CAMPBELL~~
~~2 WEST GARDEN ST., STE. 700~~
~~PENSACOLA FL 32501~~~~610 JAMES C. CAMPBELL~~
~~2 WEST GARDEN ST., STE. 700~~
~~PENSACOLA FL 32501~~

2. Principal Place of Business

3. Mailing Address

1401 E. BELMONT ST. 1401 E. BELMONT ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3729465

Applied For

Not Applicable

Zip

Country

Zip

Country

32501-4321

ESCAMBIA

32501-4321

ESCAMBIA

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

CAMPBELL, JAMES S

3 WEST GARDEN ST., STE. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	LEVIN, ALLEN R	2200 VIA DE LUNA PENSACOLA FL 32561				
	D	CRONLEY, JAMES D	1401 E. BELMONT ST. PENSACOLA FL 32501				
	D	TERHAAR, ANTHON L	1401 E. BELMONT ST. PENSACOLA FL 32501				

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

Date

Daytime Phone #

2/06/02

850-433-7007

CR2E034 (9/01)