

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011362

1. Entity Name

ESCAMBIA DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

460 NE NINE MILE RD
PENSACOLA FL 32514
US

460 E NINE MILE RD
PENSACOLA FL 32514-1441
US

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 59-3167488

Applied For

Not Applied

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

MCCALL, MARGIE
8211 N CENTURY BOULEVARD
CENTURY FL 32533

Name Horace Linder

Street Address (P.O. Box Number is Not Acceptable)
460 E NINE MILE RD

City Pensacola, FL Zip Code 32514

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRiffin, RICHARD	
STREET ADDRESS	9043 WOODRUN ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, WILSON	
STREET ADDRESS	9181 WOODRUN ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNES, BENNY E	
STREET ADDRESS	619 4TH ST	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCALL, MARGIE	
STREET ADDRESS	9500 SHADY LN	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDER, HORACE	
STREET ADDRESS	11560 DUELLING OAKS	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KILGORE, CHARLES V	
STREET ADDRESS	ROUTE 1 BOX 309-A	
CITY-ST-ZIP	FLOMATON AL 36441	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, 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 #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90046 020 ***150.00



DO NOT WRITE IN THIS SPACE

2-4-2000

2-3-00 (850) 477-1499