

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90091 050 ***150.00

DOCUMENT # P93000072611

1. Entity Name

THE CONNELL FAMILY CORPORATION, INC.

Principal Place of Business

**9235 PINE FORREST RD
 PENSACOLA FL 32534
 US**

Mailing Address

**PO BOX 7171
 PENSACOLA FL 32534
 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

59-3224867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75-Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONNELL, CHERI
 9235 PINE FOREST RD
 PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**Vickie Jolley
 9235 Pine Forest Road
 Pensacola FL 32534**

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 **Vickie Jolley**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-02

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	CONNELL, JAMES M	9235 PINE FOREST RD PENSACOLA FL 32534				
	D	CONNELL, BETTY J	9235 PINE FOREST RD PENSACOLA FL 32534				
	D	CONNELL, JAMES M	9235 PINE FOREST RD PENSACOLA FL 32534				

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

4-17-02 8504946607

Date

Daytime Phone #

CR2E034 (9/01)