

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90020 011 ***150.00

DOCUMENT # P93000080918

1. Entity Name

DOUGLAS PROPERTIES OF NW FL, INC.

Principal Place of Business

**624 RIOLA PLACE
 PENSACOLA FL 32506
 US**

Mailing Address

**1901 ST MARY AVE
 PENSACOLA FL 32501
 US**

2. Principal Place of Business

5435 Circle Dr.

Suite, Apt. #, etc.

3. Mailing Address

5435 Circle Dr.

Suite, Apt. #, etc.

City & State

Weeki Wachee, FL

City & State

Weeki Wachee, FL

Zip

34607

Country

US

Zip

34607

Country

US

4. FEI Number

59-3213992

Applied For

Not Applicable

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

**DOUGLAS, TERRY D
 624 RIOLA PLACE
 PENSACOLA FL 32506**

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** ☐ Delete
 NAME **DOUGLAS, TERRY D**
 STREET ADDRESS **624 RIOLA PLACE**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DOUGLAS, BARBARA J**
 STREET ADDRESS **624 RIOLA PLACE**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: **Barbara J. Douglas** **Barbara J. Douglas** **4-12-01 (850) 712-3472**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)