## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P96000073444** May 03, 2000 8:00 am Secretary of State POINT PROPERTIES OF PENSACOLA. INC. 05-03-2000 90017 018 \*\*\*150.00 Mailing Address Principal Place of Business 4300 BAYOU BLVD PO BOX 30009 PENSACOLA FL 32503-1009 SUITES 12 & 13 PENSACOLA FL 32503-1009 2. Principal Place of Business 3. Mailing Address #11 Alice Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2985262 Pensacola, FL 32505 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert E. Boothe, Jr. FLEMING, EDWARD P Street Address (P.O. Box Number is Not Acceptable) #11 Alice Street 11 ALICE STREET PENSACOLA FL 32505 31593 Pensacola, FL Zip Code 32505 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. 4/24/2000 Robert E. Boothe, Jr., Secretary agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE TITLE ☐ Delete **BONNELL, DAVID** NAME NAME STREET ADDRESS 9272 LILGE CIRCLE STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE HOLLAND, ARTICE R NAME STREET ADDRESS STREET ADDRESS **470 VAN PELT** CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ---Addition ☐ Change ☐ Delete TITLE **BOOTHE, ROBERT E JR** NAME NAME STREET ADDRESS STREET ADDRESS 11 ALICE STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Change ☐ Addition ☐ Delete TITLE TITLE NAME STOWELL, DAVID NAME STREET ADDRESS STREET ADDRESS 3919 RIGA BLVD. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Robert E. Boothe, Jr., Secretary

OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

850-432-8334

Date

Daytime Phone #