

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000073444**

1. Entity Name

POINT PROPERTIES OF PENSACOLA, INC.**FILED****Feb 12, 2001 8:00 am**
Secretary of State

02-12-2001 90231 007 ***150.00

Principal Place of Business

**4300 BAYOU BLVD
SUITES 12 & 13
PENSACOLA FL 32503-1009**

Mailing Address

**#11 ALICE ST
PENSACOLA FL 32505**

019094



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2985262**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOOTHE, ROBERT E JR
11 ALICE STREET
PENSACOLA FL 32505**

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	P	<input type="checkbox"/> Delete
NAME	BONNELL, DAVID	
STREET ADDRESS	9272 LILGE CIRCLE	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLAND, ARTICE R	
STREET ADDRESS	470 VAN PELT	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOOTHE, ROBERT E JR	
STREET ADDRESS	11 ALICE STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	T	<input type="checkbox"/> Delete
NAME	STOWELL, DAVID	
STREET ADDRESS	3919 RIGA BLVD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**Robert E. Boothe, Jr.****2/07/2001****850-432-8334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)