

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000007190

FILED  
Mar 15, 2002 8:00 AM  
Secretary of State

Entity Name: KHB OF PERDIDO KEY, INC.

## Current Principal Place of Business:

13587 PERDIDO KEY ROAD  
PENSACOLA, FL 32507

## New Principal Place of Business:

## Current Mailing Address:

13587 PERDIDO KEY ROAD  
PENSACOLA, FL 32507

## New Mailing Address:

FEI Number: 59-3494267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAGGETT, HELEN B  
13587 PERDIDO KEY ROAD  
PENSACOLA, FL 32507

## Name and Address of New Registered Agent:

POSTON, CARL M  
13587 PERDIDO KEY ROAD  
PENSACOLA, FL 32507

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: CARL M. POSTON

03/15/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAGGETT, HELEN B  
Address: 55 ARAPHO DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete  
Name: NEEDHAM, KENNETH S  
Address: 7020 SHERWOOD DRIVE  
City-St-Zip: KNOXVILLE, TN 37919

Title: D ( ) Delete  
Name: POSTON, CARL M  
Address: 13587 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL M. POSTON

D

03/15/2002

Electronic Signature of Signing Officer or Director

Date