## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING

## **FILED** Mar 12, 2001 8:00 am Secretary of State **DOCUMENT # S09305** THE CIVIL WAR SOLDIER'S MUSEUM OF PENSACOLA, INC 03-12-2001 90474 002 \*\*\*150.00 Principal Place of Business Mailing Address 108 S PALAFOX PLACE 108 S PALAFOX PLACE PENSACOLA FL 32501 --PENSACOLA FL 32501 PORTROOM HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3035598 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAINES, NORMAN W. JR. Street Address (P.O. Box Number is Not Acceptable) 108 S PALAFOX PLACE PENSACOLA FL 32501 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Delete Change ☐ Addition TITLE TITLE HAINES, NORMAN W. JR. NAME NAME STREET ADDRESS 108 S PALAFOX PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.