

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90078 023 \*\*\*150.00

**DOCUMENT # S21968**

1. Entity Name

**NORTHWEST FLORIDA MANAGEMENT CORPORATION**

Principal Place of Business

**4504 TWIN OAKS DRIVE, SUITE 101  
P.O. BOX 3280  
PENSACOLA FL 32506**

Mailing Address

**4504 TWIN OAKS DRIVE, SUITE 101  
P.O. BOX 3280  
PENSACOLA FL 32506**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3044643**

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

**ROHMAN, JOANNE F  
4504 TWINOAKS  
STE 101  
PENSACOLA FL 32506**

Name

**Joanne F. ANDREWS**

Street Address (P.O. Box Number is Not Acceptable)

**4504 Twin Oaks Drive**

**suite 101**

City

**Pensacola, FL**

**FL**

Zip Code **32506**

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 *Joanne F. Andrews* **Joanne F. Andrews** (name change due to marriage) 3-12-01

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 **PD** ☐ Delete  
NAME **ROHMAN, JOANNE F**  
STREET ADDRESS **6220 LAKE CHARLENE DR.**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **PD** ☒ Change ☐ Addition  
NAME **ANDREWS, JOANNE F.**  
STREET ADDRESS **7151 Baysprings Drive**  
CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **VD** ☐ Delete  
NAME **FANNING, CLIFFORD E.**  
STREET ADDRESS **333 S. 61ST AVE., #1**  
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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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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: *Clifford E. Fanning*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-12-01 850-456-6676**

CR2E034 (10/00)