

2002 UNIFORM BUSINESS REPORT (UBR)

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
7589 Highway 98 West
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3280
Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

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

ANDREWS, JOANNE F
4504 TWIN OAKS DRIVE
STE 101
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

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 Joanne F. Andrews 1-7-02
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, 2002 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

TITLE PD ANDREWS
NAME ROHMAN, JOANNE F
STREET ADDRESS 7451 BAYSPRINGS DRIVE
CITY-ST-ZIP PENSACOLA FL 32506

☐ Delete

TITLE VD
NAME FANNING, CLIFFORD E.
STREET ADDRESS 333 S. 61ST AVE., #1
CITY-ST-ZIP PENSACOLA FL 32506

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Andrews, Joanne F.
STREET ADDRESS 3551 Beach Haven Cove Drive
CITY-ST-ZIP Pensacola, FL 32507

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: Joanne F. Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02 850 456-6676
Date Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90016 008 ***150.00

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DO NOT WRITE IN THIS SPACE

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