

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90008 010 ***550.00

DOCUMENT # S40284

1. Entity Name

ANDERSON PROPERTIES OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

**3300 N. PACE BLVD
 STE 226
 PENSACOLA FL 32505
 US**

**P O BOX 12745
 PENSACOLA FL 32575-2745
 US**

2. Principal Place of Business

3. Mailing Address

3300 N. Pace Blvd.

Suite, Apt. #, etc.

Suite 309

Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL

Zip

Country

Zip

Country

32505

Escambia

4. FEI Number

59-3059785

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

**ANDERSON, CLYDE C
 3300 N. PACE BLVD
 STE 226
 PENSACOLA FL 32501**

Name

Clyde C. Anderson

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

1163 Ganges Trail

City

Gulf Breeze

FL

Zip Code

32563

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

Clyde C. Anderson

Clyde C. Anderson, Pres.

6-14-01

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 **PDS** ☐ Delete
 NAME **ANDERSON, CLYDE C**
 STREET ADDRESS **1163 Ganges Trail**
 CITY-ST-ZIP **Gulf Breeze, FL 32563**

TITLE **Vice-President** ☐ Change ☒ Addition
 NAME **Mary A. Coe**
 STREET ADDRESS **6390 Lake Charlene Lane**
 CITY-ST-ZIP **Pensacola, FL 32506**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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:

Clyde C. Anderson

Clyde C. Anderson, President

6-14-01/850-438-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5359

CR2E034 (10/00)