2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-08-2002 90023 024 ****70.00

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1. Entity Name

THE PANAMA CANAL SOCIETY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~8050 SEMINOLE MALL~~ STE #334 SEMINOLE FL 33772-4712 US	~~8050 SEMINOLE MALL~~ STE #334 SEMINOLE FL 33772-4712 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7985 113th Street	7985 113th Street
Suite, Apt. #, etc.: STE 334	Suite, Apt. #, etc.: STE 334
City & State: Seminole Fl	City & State: Seminole Fl
Zip: 33772-4712 Country: US	Zip: 33772-4712 Country: US

4. FEI Number 59-6138491 ☐ 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
VAN SICLEN, NANCY A ~~8050 SEMINOLE MALL~~ STE 334 ~~5198 60TH AVE. N.~~ ~~PINELLAS PARK FL 33782~~	Name: Van Siclen, Nancy A Street Address (P.O. Box Number is Not Acceptable): 7985 113th St. Ste 334 ~~9816 Lk Seminole Dr W~~ City: Seminole FL Zip Code: 33773

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: NANCY A. VANSICLEN Nancy A. Van Siclen 4/22/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEALL, RICHARD W 1978 RADCLIFFE DR N CLEARWATER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRASSRAND, BETTY PO BOX 7255 WESLEY CHAPEL FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President LeDoux, Betty ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP MCLAUGULIN, WILLIAM 9090 WATERSIDE DR. FLORAL CITY FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP O'DONNELL, JAMES 405 10TH AVE. N. SAINT PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ndVPD Lewis, Elaine V 1560 Sandy Lane Clearwater, Fl 33755 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VAN SICLEN, NANCY A 9816 LAKE SEMINOLE DR. W. LARGO FL 33773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D Van Siclen, Nancy A 9816 Lk Seminole Dr Seminole, Fl 33773 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUNT, DARLEEN 2182 WATERSIDE DR CLEARWATER FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wilder, Tom 5198 SE 25th St Ocala, Fl 34471 ☐ Change ☒ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy A. Van Siclen Nancy A. Van Siclen, Secretary 4/22/02 727-391-4359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #