# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 23, 2003 8:00 am**
**Secretary of State**
01-23-2003 90174 036 ****70.00

DOCUMENT # 711813

1. Entity Name
THE PANAMA CANAL SOCIETY OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7985 113TH STREET<br>SUITE 334<br>SEMINOLE FL 33772<br>US | 7985 113TH STREET<br>SUITE 334<br>SEMINOLE FL 33772<br>US |

☒ CHECK HERE IF MAKING CHANGES

| 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 59-6138491 ☐ 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<br>7985 113TH STREET- SUITE 334<br>9816 LAKE SEMIINOLE DRIVE W.<br>SEMINOLE FL 33772 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nancy A. Van Siclen Nancy A. Van Siclen 1/22/03
Signature, typed 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 Florida Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LEDOUX, BETTY<br>PO BOX 7255<br>WESLEY CHAPEL FL 33543 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARTHENAIS, JAMES<br>1346 17TH AVENUE N<br>ST PETERSBURG, FL 33704 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1VP<br>MCLAUGULIN, WILLIAM<br>9090 WATERSIDE DR.<br>FLORAL CITY FL 34436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2VP<br>LEWIS, ELAINE V<br>1560 SANDY LANE<br>CLEARWATER FL 33755 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1ST VP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>VAN SICLEN, NANCY A<br>9816 LAKE SEMINOLE DR. W.<br>SEMINOLE FL 33772 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILDER, TOM<br>5198 S.E. 25TH STREET<br>OCALA FL 34471 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2ND VP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NORMAN, DANIEL<br>6401 S WESTSHORE BLVD #150<br>TAMPA, FL 33616 | ☐ Change ☒ Addition |

CR2E037 (10/02)

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 1/22/03 727-391-4359