

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90185 032 ****61.25

DOCUMENT # 742707

1. Entity Name

PANHANDLE TIGER BAY CLUB, INC.

Principal Place of Business

Mailing Address

P. O. BOX 133
 PENSACOLA FL 32591

P. O. BOX 133
 PENSACOLA FL 32591-0133

601719



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2496417

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GURST, JEROME E
903 PANFERIO DRIVE
PENSACOLA FL 32561

Name

LUDWIG J. LARSON

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

4010 MONTESSORI DR

City

PENSACOLA

FL

Zip Code

32504

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

Ludwig J. Larson Trust

1/10/00

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **LEANY, ROSILAN**
 STREET ADDRESS **1086 SEABREEZE LANE**
 CITY-ST-ZIP **GULF BREEZE FL 32651**

TITLE **PD** Change Addition
 NAME **FREDDIE RAINWATER**
 STREET ADDRESS **616 BAYCLIFF RD**
 CITY-ST-ZIP **GULF BREEZE, FL. 32561**

TITLE **SD** Delete
 NAME **BARFIELD, SHEILA**
 STREET ADDRESS **4140 MENENDEZ DR**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **SD** Change Addition
 NAME **THOMAS SMITH**
 STREET ADDRESS **P.O. BOX 12446**
 CITY-ST-ZIP **PENSACOLA, FL. 32561**

TITLE **TD** Delete
 NAME **GURST, JEROME E**
 STREET ADDRESS **903 PANFERIO DRIVE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **TD** Change Addition
 NAME **LUDWIG J. LARSON**
 STREET ADDRESS **4010 MONTESSORI DR**
 CITY-ST-ZIP **PENSALA, FL. 32504**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Ludwig J. Larson

1/10/00

950 479 1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)