

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003735

1. Entity Name

PANHANDLE PIONEER SETTLEMENT, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90004 020 ***104.30

Principal Place of Business

Mailing Address

SAM ADKINS PARK RD.
PO BOX 215
BLOUNTSTOWN FL 32424

SAM ADKINS PARK RD.
PO BOX 215
BLOUNTSTOWN FL 32424-0215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3198852

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

SMITH, WILLARD
ROUTE 1 BOX 138
BLOUNTSTOWN FL 32424

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

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 SMITH, WILLARD
STREET ADDRESS RT. 1, BOX 138 N/A
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE VD ☐ Delete
NAME SMITH, LINDA
STREET ADDRESS RT. 1, BOX 138 N/A
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE SD ☐ Delete
NAME CAMPANA, LOIS
STREET ADDRESS P.O. BOX 615 N/A
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE TD ☐ Delete
NAME JOHNSON, HOWARD JR
STREET ADDRESS P.O. BOX 776 N/A
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE E ☐ Delete
NAME TATUM, DAVID
STREET ADDRESS RT 2 BOX 104
CITY-ST-ZIP ALTHA FL 32421

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

TITLE BM ☐ Delete
NAME KELLY, LADONNA
STREET ADDRESS RT 1 BX 171-K
CITY-ST-ZIP ALTHA FL 32421

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-2000 850-674-8055

CR2E037 (9/99)