

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000003735**

1. Entity Name

PANHANDLE PIONEER SETTLEMENT, INC.

Principal Place of Business

**SAM ADKINS PARK RD.
PO BOX 215
BLOUNTSTOWN FL 32424**

Mailing Address

**SAM ADKINS PARK RD.
PO BOX 215
BLOUNTSTOWN FL 32424**

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

59-3198852

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

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, WILLARD	
STREET ADDRESS	RT. 1, BOX 138 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, LINDA	
STREET ADDRESS	RT. 1, BOX 138 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMPANA, LOIS	
STREET ADDRESS	P.O. BOX 615 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, HOWARD JR	
STREET ADDRESS	P.O. BOX 776 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL	

TITLE	E	<input type="checkbox"/> Delete
NAME	TATUM, DAVID	
STREET ADDRESS	RT 2 BOX 104	
CITY-ST-ZIP	ALTHA FL 32421	

TITLE	BM	<input type="checkbox"/> Delete
NAME	KELLY, LADONNA	
STREET ADDRESS	RT 1 BX 171-K	
CITY-ST-ZIP	ALTHA FL 32421	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Linda L. Smith 1-8-01 (850) 674-8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90081 016 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)