

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003735

1. Entity Name

PANHANDLE PIONEER SETTLEMENT, INC.

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90029 007 ****61.25

0062631

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME Sec
STREET ADDRESS Imogene Waterson
CITY-ST-ZIP 17042 N.W. First St
Blountstown FL 32424

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

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

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

TITLE ☐ Change ☒ Addition
NAME BM
STREET ADDRESS Harry Rogers
CITY-ST-ZIP PO BOX 946
Blountstown

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

TITLE ☐ Change ☒ Addition
NAME BM
STREET ADDRESS Kenneth Settlemire
CITY-ST-ZIP 17037 NW CR 275-
Altha FL 32421

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:

Linda L. Smith **SIGNATURE REQUIRED** Linda L. Smith 1-18-02 (850)674-8053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)