

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740771

1. Entity Name

PANHANDLE 4 WHEELERS CLUB OF PENSACOLA, INC

Principal Place of Business

Mailing Address

P.O. BOX 16257
PENSACOLA FL 32507-6257

P.O. BOX 16257
PENSACOLA FL 32507-6257

2. Principal Place of Business

3. Mailing Address

P.O. Box 16257
Suite, Apt. #, etc.

P.O. Box 16257
Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip Country
32507 U.S.

Zip Country
32507-6257 U.S.

4. FEI Number 59-1731266

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBERT C. ANDERSON
811 SUNNY SIDE DR
MILTON FL 32583

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 Albert C. Anderson Albert C. Anderson 3-26-00
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
NAME ANDERSON, ALBERT
STREET ADDRESS 811 SUNNY SIDE DR
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

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

TITLE SD
NAME ELLIS, DEBRA
STREET ADDRESS 5904 CLEARWATER AVENUE
CITY-ST-ZIP PENSACOLA FL 32505 ☒ Delete

TITLE SD
NAME Wallace, Lisa
STREET ADDRESS 242 Queen Street
CITY-ST-ZIP Milton, FL 32570 ☒ Change ☐ Addition

TITLE T
NAME WALLACE, LISA
STREET ADDRESS 242 QUEEN ST.
CITY-ST-ZIP MILTON FL 32570 ☒ Delete

TITLE T
NAME Anderson, Leah K.
STREET ADDRESS 811 Sunnyside Drive
CITY-ST-ZIP Milton, FL 32570 ☒ Change ☐ Addition

TITLE VP
NAME ELLIS, J.D.
STREET ADDRESS 5904 CLEARWATER AVENUE
CITY-ST-ZIP PENSACOLA FL 32505 ☒ Delete

TITLE VP
NAME Sanders, Frank
STREET ADDRESS 5745 Lee Street
CITY-ST-ZIP Milton, FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: ADDITIONAL SIGNATURE REQUIRED Albert C. Anderson 3/26/00 850 983 9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)