

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90060 036 \*\*\*\*61.25

**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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1731266**

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

Name

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

City

**FL**

Zip Code

**OLCOTT, FRANK**  
**7131 BALBOA ST**  
**PENSACOLA FL 32526**

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  
NAME OLCOTT, FRANK  
STREET ADDRESS 7131 BALBOA ST  
CITY-ST-ZIP PENSACOLA FL 32526 ☐ Delete

TITLE SD  
NAME Danielle Frantz  
STREET ADDRESS 4601 Clara St. Lot B  
CITY-ST-ZIP Pensacola, Fl. 32526 ☒ Change ☐ Addition

TITLE SD  
NAME LAWHORN, TABATHA  
STREET ADDRESS 3037 CLASSIC DR  
CITY-ST-ZIP PENSACOLA FL 32507 ☒ Delete

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

TITLE T  
NAME BROWN, MIKE  
STREET ADDRESS 7171 SPANISH TRAIL LOT-G  
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

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

TITLE BM  
NAME LIEB, MIKE  
STREET ADDRESS 3809 W LLOYD ST  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)