

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90078 013 ****61.25

DOCUMENT # 742707

1. Entity Name

PANHANDLE TIGER BAY CLUB, INC.

Principal Place of Business

P. O. BOX 133
PENSACOLA FL 32591

Mailing Address

P. O. BOX 133
PENSACOLA FL 32591

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 **59-2496417**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSON, LUDWIG J
4010 MONTESSORI DR
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

VIVIAN SHIELDS

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

540 FONTAINE ST

City

Pensacola

FL

Zip Code

32503

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]

VIVIAN SHIELDS
TREASURER

3-502

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** ☐ Delete
NAME **PENFOLD, ROCK**
STREET ADDRESS **2160 OXFORD DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **SD** ☐ Delete
NAME **WELLS, RUSTY**
STREET ADDRESS **7410 CAMALE DR**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **TD** ☒ Delete
NAME **LARSON, LUDWIG J**
STREET ADDRESS **4010 MONTESSORI DR**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **VIVIAN SHIELDS**
STREET ADDRESS **540 FONTAINE ST**
CITY-ST-ZIP **PENSACOLA FL 32503**

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

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

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** **VIVIAN SHIELDS**
Treasurer **3-502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)