

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748728

1. Entity Name

PAN AM RETIREES CLUB, INC.

Principal Place of Business

1507 CARIBBEAN DRIVE  
PO BOX 360433  
MELBOURNE FL 32936

Mailing Address

1507 CARIBBEAN DRIVE  
PO BOX 360433  
MELBOURNE FL 32936-0433

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

59-1957101

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

BOETTNER, J. P. (MR.)  
1507 CARIBBEAN DRIVE  
MELBOURNE FL 32935

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 PD ☐ Delete  
NAME MEDLEY, FLORENCE  
STREET ADDRESS 178 SE FIRST ST  
CITY-ST-ZIP SATELLITE BCH FL

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

TITLE D ☐ Delete  
NAME LEWIS, HAROLD  
STREET ADDRESS 249 HARBOR DR EAST  
CITY-ST-ZIP INDIAN HBR FL

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

TITLE SD ☐ Delete  
NAME SLOCUM, BOBBIE  
STREET ADDRESS 2506 S COUNTRY CLUB RD.  
CITY-ST-ZIP MELBOURNE FL

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

TITLE TD ☐ Delete  
NAME GILLEN, ROBERT  
STREET ADDRESS 570 WATSON DR  
CITY-ST-ZIP INDIANATLANTIC FL

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

TITLE D ☐ Delete  
NAME SINCLAIR, HARRY  
STREET ADDRESS 127 OCEAN SPRAY AVE.  
CITY-ST-ZIP SATELLITE BCH. FL

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

TITLE VD ☐ Delete  
NAME MICKEY, ROY  
STREET ADDRESS 4112 RAYBURN ROAD  
CITY-ST-ZIP COCOA BCH FL

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:

ROBERT GILLEN, TREASURER

14 JAN 00

321-727-0259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)