

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748728

1. Entity Name

PAN AM RETIREES CLUB, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90101 027 ****61.25

Principal Place of Business

1507 CARIBBEAN DRIVE
PO BOX 360433
MELBOURNE FL 32936

Mailing Address

1507 CARIBBEAN DRIVE
PO BOX 360433
MELBOURNE FL 32936

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

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

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

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

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

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

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

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

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

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

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

R.A. Gillen, Treasurer (R.A. GILLEN) 25 JAN 02 (321) 727-0259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)