

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90242 028 ****61.25

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**

20007972



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

570 WATSON DR

3. Mailing Address

P.O. BOX 373114

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

City & State

SATELLITE BEACH, FL

4. FEI Number **59-1957101**

Applied For

Not Applicable

Zip

Country

32903

Zip

Country

32937-1114

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **R. A. GILLEN**

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

570 WATSON DR

City **INDIALANTIC**

FL

Zip Code

32903

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. I am familiar with, and accept the obligations of registered agent.

*SIGNATURE **R.A. Gillen (R.A. GILLEN, TREASURER)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10 JAN 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDLEY, FLORENCE 178 SE FIRST ST SATELLITE BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, HAROLD 249 HARBOR DR EAST INDIAN HBR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLOCUM, BOBBIE 2506 S COUNTRY CLUB RD MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLEN, ROBERT 570 WATSON DR INDIANATLANTIC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINCLAIR, HARRY 127 OCEAN SPRAY AVE. SATELLITE BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICKEY, ROY 4112 RAYBURN ROAD COCOA BCH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 (R.A. GILLEN, TREASURER)** 10 JAN 03 321-727-0259

CR2E037 (10/02)