

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762577

1. Entity Name

PAN AM/NAT'L RETIREES CLUB OF NORTH CENTRAL FLOR

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90113 019 ****61.25

Principal Place of Business

Mailing Address

225 S. STARLIT PT
IVERNESS FL 34450
US

225 STARLIT PT
IVERNESS FL 34450-1808
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2175372

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERTS, ROBERT A
225 S. STARLIT PT
IVERNESS FL 34450

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 P ☐ Delete
NAME ROBERTS, ROBERT A
STREET ADDRESS 225 S. STARLIT PT
CITY-ST-ZIP IVERNESS FL 34450-1808

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

TITLE T ☐ Delete
NAME BEYER, GEORGE
STREET ADDRESS 208 HARPERS FERRY DR
CITY-ST-ZIP DAYTONA BEACH FL 32119-8960

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

TITLE D ☐ Delete
NAME WILLARD, MARQUIS R
STREET ADDRESS 431 MAPLE TREE DR., APT. FF109
CITY-ST-ZIP ALTOONA FL 32702-9025

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

TITLE D ☐ Delete
NAME LEE, JAMES
STREET ADDRESS 33741 LAKE SHORE DR
CITY-ST-ZIP TAVARES FL 32778-5078

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

TITLE D ☒ Delete
NAME DYMEK, JOHN A
STREET ADDRESS 5109 S.E. 7TH PL
CITY-ST-ZIP Ocala FL 34471-3368

TITLE VP ☐ Change ☒ Addition
NAME WILLIAM SISTRUNK
STREET ADDRESS ROUTE 3, Box 1995
CITY-ST-ZIP LAKE CITY, FL 32024-7435

TITLE V ☒ Delete
NAME FERNANDEZ, JOHN A
STREET ADDRESS 6300 HIDDEN DALE AVE
CITY-ST-ZIP ORLANDO FL 32819-4114

TITLE D ☒ Change ☐ Addition
NAME FERNANDEZ, JOHNA
STREET ADDRESS 6300 HIDDEN DALE AVE
CITY-ST-ZIP ORLANDO, FL 32819-4114

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 an other like empowered.

SIGNATURE:

Robert A. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)