

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762577

1. Entity Name

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

Principal Place of Business

225 S. STARLIT PT  
INVERNESS FL 34450  
US

Mailing Address

225 STARLIT PT  
INVERNESS FL 34450  
US

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

59-2175372

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

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

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

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

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

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

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

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

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

TITLE V  
NAME SISTERUNK, WILLIAM  
STREET ADDRESS RT 3 BOX 1995  
CITY-ST-ZIP LAKE CITY FL 32024-7435 ☐ Delete

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

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

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 A. Roberts* 03/29/01 (352) 726-8352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90315 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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