

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762577

1. Entity Name

PAN AM/NAT'L RETIREES CLUB OF NORTH CENTRAL FLORIDA, INC.

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

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

TITLE Director ☐ Change ☐ Addition
NAME Beyer, George
STREET ADDRESS 208 Harpers Ferry Dr
CITY-ST-ZIP Daytona Beach, FL 32119-8960

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

TITLE Treasurer ☒ Change ☐ Addition
NAME O'NEALL, JOHN C.
STREET ADDRESS P.O. Box 1085
CITY-ST-ZIP Keystone Heights, FL 32656-1085

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 2002 (352) 716-8352

Date

Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90085 007 ****61.25



DO NOT WRITE IN THIS SPACE

0087298

CR2E037 (9/01)