

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90156 032 ****61.25

DOCUMENT # 762577

1. Entity Name

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



Principal Place of Business

**225 S. STARLIT PT
IVERNESS FL 34450
US**

Mailing Address

**225 STARLIT PT
IVERNESS 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**

☐ CHECK HERE IF MAKING CHANGES



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

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
Florida 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 **D** ☐ 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 **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: Robert A. Roberts Robert A. Roberts 4/16/03 352-726-8352

CR2E037 (10/02)