## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 767783** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** PANHANDLE BOWHUNTER'S ASSOCIATION INC. 01-20-2000 90249 016 \*\*\*\*70.00 Mailing Address Principal Place of Business 8355 STANTON PL 8355 STANTON PL PENSACOLA FL 32526-2936 PENSACOLA FL 32526 **ԻՆՄԵՍԵՐՄԵՐ** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. Street Address (P.O. Box Number is Not Acceptable) YOLA, PETTEY F 8355 STANTON PL PENSACOLA FL 32526 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TD ☐ Delete TITLE TITI F PETTEY, YOLA F NAME STREET ADDRESS 8355 STANTON PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL VD' ☐ Delete TITLE ☐ Change ☐ Addition TITLE BEANE, LARRY R NAME NAME STREET ADDRESS STREET ADDRESS 5677 WICKFORD LANE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32526 Stone, LONNIE 6931 SAUFLEY PINES Rd. Change ☐ Addition SD ☐ Delete TITLE STONE, LONNIE NAME NAME STREET ADDRESS STREET ADDRESS 1165 CLYMILL DRIVE Pensacola, FL 32526 CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL 32533 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 chapter of an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000

850-455-106

Daytime Phone #