

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
May 02, 2000 8:00 am
Secretary of State

01-25-2000 90100 038 ****61.25

DOCUMENT # N04706

1. Entity Name

PANAMA CITY CLASSIC AND ANTIQUE MOTOR CAR ASSOCI

Principal Place of Business

Mailing Address

P.O. BOX 1962
 PANAMA CITY FL 32402-1962

P.O. BOX 1962
 PANAMA CITY FL 32402-1962

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

59-2672760

Applied For

Not Applied For

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

CLEMENS, WILLIAM
4008 E 12 CT
PANAMA CITY FL 52240

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 ☒ D ☐ Delete
 NAME **WALLIS, TOM**
 STREET ADDRESS **4526 GARRISON RD**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☒ Additor
 NAME **P/D**
 STREET ADDRESS **Atkinson, Rollins W.**
 CITY-ST-ZIP **220 S. Jan Drive**
Panama City, FL 32404

TITLE ☒ D ☐ Delete
 NAME **COE, ROB**
 STREET ADDRESS **317 GREENWOOD DR.**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☒ Additor
 NAME **VP**
 STREET ADDRESS **Dean, Douglas**
 CITY-ST-ZIP **5711 Howard Rd.**
Callaway, FL 32404

TITLE ☐ Delete
 NAME **CLEMENS, WILLIAM**
 STREET ADDRESS **4008 E 12 CT**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☒ Additor
 NAME **S**
 STREET ADDRESS **Adkison, Elaine**
 CITY-ST-ZIP **7404 Sale Blvd.**
Southport, FL 32409

TITLE ☒ D ☐ Delete
 NAME **CREWS, BILL**
 STREET ADDRESS **4018 NAPOLI RD**
 CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SANDERS, LEONARD**
 CITY-ST-ZIP **4115 W 21 PL**
PANAMA CITY FL

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **MC ELVAIN, RON**
 CITY-ST-ZIP **3519 W 14 ST**
PANAMA CITY FL

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:

William Clemens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19 JAN 2000 850-283-5481