

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90149 022 ****61.25

DOCUMENT # N42251

1. Entity Name

THE PANTHER YARDAGE CLUB, INC.

Principal Place of Business

Mailing Address

**511 ST. JOHNS AVENUE
 PALATKA FL 32177**

**511 ST. JOHNS AVENUE
 PALATKA FL 32177**

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

NOT APPLICABLE

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

**MIKELL, JOHN L.
 511 ST. JOHNS AVENUE
 PALATKA FL 32177**

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	<input type="checkbox"/> Delete
NAME	MIKELL, JOHN L.	
STREET ADDRESS	511 ST. JOHNS AVENUE	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATES, BEN JR.	
STREET ADDRESS	POST OFFICE BOX 1710 N/A	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLES, DAVID M.	
STREET ADDRESS	ROUTE 1, BOX 88 N/A	
CITY-ST-ZIP	EAST PALATKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-02

386-628-6761

Date

Daytime Phone #

CR2E037 (9/01)