

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003714

1. Entity Name

P.C. FLYERS BICYCLING CLUB, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90028 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 15966  
PANAMA CITY FL 32406-5966

PO BOX 15966  
PANAMA CITY FL 32406-5966

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

59-3205010

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

ZIMMERMAN, NEVIN J  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

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 ☐ Delete  
NAME D  
STREET ADDRESS QUESADA, PETER  
CITY-ST-ZIP 157 TREASURE PALM DR  
PANAMA CITY BCH FL 32408

TITLE ☒ Change ☐ Addition  
NAME Annette DeSercey  
STREET ADDRESS 17008 Guava Ave  
CITY-ST-ZIP Panama City Bch, FL 32413

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS BALAZS, JOHN  
CITY-ST-ZIP 307 WILSON AVE, APT 15  
PANAMA CITY FL 32401

TITLE ☒ Change ☐ Addition  
NAME Gary Minshew  
STREET ADDRESS 5815 Pinetree  
CITY-ST-ZIP Panama City Bch, FL 32407

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TAYLOR, CAROL  
CITY-ST-ZIP 3 EMERALD LN DR  
PANAMA CITY BEACH FL 32407

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

2-10-00 850-784-8241

CR2E037 (9/99)