

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003714

1. Entity Name

P.C. FLYERS BICYCLING CLUB, INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90414 031 \*\*\*\*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 DESERCY, ANNETTE  
CITY-ST-ZIP 17008 GUAVA AVE  
PANAMA CITY BCH FL 32408

TITLE ☐ Change ☐ Addition  
NAME Pres ANTHONY W. Laramore  
STREET ADDRESS 249 S. Glades Trail  
CITY-ST-ZIP P.C. Beach, FL 32407

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS MINSHEW, GARY  
CITY-ST-ZIP 5815 PINETREE  
PANAMA CITY FL 32401

TITLE ☐ Change ☐ Addition  
NAME VP Henry Lawrence  
STREET ADDRESS 1725 Palmetto  
CITY-ST-ZIP Panama City, FL 32401

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:

*Carol Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/01 850-784-8241  
Date Daytime Phone #

CR2E037 (10/00)