

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0067880

DOCUMENT # N93000003714

1. Entity Name

P.C. FLYERS BICYCLING CLUB, INC.



FILED

03 NOV 13 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 15966  
PANAMA CITY FL 32406-5966

Mailing Address

PO BOX 15966  
PANAMA CITY FL 32406-5966

P.C. FLYERS BICYCLING CLUB, INC.

2. Principal Place of Business

P.O. Box 15966

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Panama City

City & State

Zip  
32406-5966 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

ZIMMERMAN, NEVIN J  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name MYRIAM Goldberg  
Street Address (P.O. Box Number is Not Acceptable)  
3085 KANIKEU ST  
City Alford FL Zip Code 32420

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MYRIAM Goldberg

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	DESERCY, ANNETTE	
STREET ADDRESS	17008 GUAYA AVE	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LARAMORE, ANTHONYT W	
STREET ADDRESS	249 S GLADES TRAIL	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAWRENCE, HENRY	
STREET ADDRESS	1725 PALMETTO	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDBERG, MYRIAM	
STREET ADDRESS	3085 KANIKEU STREET	
CITY-ST-ZIP	ALFORD FL 32420	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MYRIAM GOLDBERG

10-7-03

CR2E037 (10/02)