## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800001378

1. Entity Name

## PANAMA CANAL SOCIETY FOUNDATION, INCORPORATED

Maili	ing Address					
	P.O. BOX 1145 HAINES CITY FL 33845-1145					
80 Su	50 SEMINOL lite, Apt. #, etc.	E MALI		DO NOT W		
Cit	ty & State			4. FEI Number 59-353218		
,		_	•	5. Certificate of Status Desired		
ress of Current Register	red Agent			7. Name and Address of New		
			Name Street Address (P.O. Box Number is Not Acceptain			
			City			
this statement for the pur	pose of changing	its registere	d office or regi	stered agent, or both, in the state of		
	P.O. HAIN  3. Mi 80 St. SU Ci SE try	3. Mailing Address  8050 SEMINOI Suite, Apt. #, etc. SUITE 306 City & State SEMINOLE FL Zip. LLAS 33772-47±2 ress of Current Registered Agent	P.O. BOX 1145 HAINES CITY FL 33845-1145  3. Mailing Address 8050 SEMINOLE MALL Suite, Apt. #, etc. SUITE 306 City & State SEMINOLE FL Try	P.O. BOX 1145 HAINES CITY FL 33845-1145  3. Mailing Address 8050 SEMINOLE MALL. Suite, Apt. #, etc. SUITE 306 City & State SEMINOLE FL try		

## FILED Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90122 017 \*\*\*\*61.25



RITE IN THIS SPACE

Applied For Not Applicable

33772-4712 PINELLAS		33772-4712 PINEL		5. Certificate of	of Status Desired	sired Fee Required					
6. Name and Address of Current Registered Agent			PINELLAS_	7. Name and A	ne and Address of New Registered Agent						
	5, 1101110	THE PROPERTY OF LEGISTICS	-8	Name		<del></del>					
WOOD, JOSEPH 3002 SAWGRASS CIRCLE TALLAHASSEE FL 32308				Street A	Street Address (P.O. Box Number is Not Acceptable)						
8 The above	named entit	v submits this statement for	the purpose of changing its	registered office o	r registered agent, or both						
SIGNATURE.	HOMINA HTGGS,	Alexandra Line (1981) Alexandra									
	Signature, typed	or printed name of registered agent ar	d title if applicable. (NOTE	: Registered Agent signal	ture required when reinstating)	DATE					
-: -:	FILE NOW: 9. Election Campaign Fina FEE IS \$61.25 Trust Fund Contribution.			~ —	\$5.00 May Be Added to Fees						
10.		OFFICERS AND DIRI	CTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND DI	RECTORS IN	10			
TITLE NAME	D HUMMER.	CHARLES	☐ Delete	TITLE NAME			Change	Addition			
STREET ADDRESS CITY-ST-ZIP	649 SWEE	TWATER WAY TTY FL 33844-6309		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JO 3002 SAW	OSEPH /GRASS CIRCLE SSEE FL 32308	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	,		Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGOLF, K 3848 9011	ÄTHERINE G I TERR NO PARK FL 34666	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERN, JA 5170 EPP	CK	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOAN OHMAN 12115 TIMBERL		Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, 17335 SA		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIVERVIEW FL	33509	☐ Change	Addition			
NAME STREET ADDRESS CITY-ST-ZIP	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ille of Comment	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		), Florida Statutes. I further ce	Change	Addition			

indicated on this report or supplemental report is true and accorrate 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 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 appress, with an appress, with attachment with an appress, with attachment with an appress.

SIGNATURE: .

FRESIDENT