

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000001378**

1. Entity Name

PANAMA CANAL SOCIETY FOUNDATION, INCORPORATED

Principal Place of Business

**8050 SEMINOLE MALL
SUITE 306
SEMINOLE FL 33772-4712**

Mailing Address

**8050 SEMINOLE MALL
SUITE 306
SEMINOLE FL 33772-4712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7985 113TH ST., STE 100

Suite, Apt. #, etc.

7985 113TH ST., STE 100

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

Zip

33772-4785

Country

USA

Zip

33772-4785

Country

USA

6. Name and Address of Current Registered Agent

**WOOD, JOSEPH
3002 SAWGRASS CIRCLE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUMMER, CHARLES | |
| STREET ADDRESS | 649 SWEETWATER WAY | |
| CITY-ST-ZIP | HAINES CITY FL 33844-6309 | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WOOD, JOSEPH | |
| STREET ADDRESS | 3002 SAWGRASS CIRCLE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EGOLF, KATHERINE G | |
| STREET ADDRESS | 3848 90TH TERR NO | |
| CITY-ST-ZIP | PINELLAS PARK FL 34666 | |

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | OHMAN, JOAN | |
| STREET ADDRESS | 12115 TIMBERLAKE DR | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PETERSON, BARBARA | |
| STREET ADDRESS | 6354 SAMOA DRIVE | |
| CITY-ST-ZIP | SARASOTA FL 34241 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GLASSBURN, PAUL | |
| STREET ADDRESS | 1710 CYPRESS TRACE DRIVE | |
| CITY-ST-ZIP | SAFETY HARBOR, FL 34695 | |

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: **PAUL D. GLASSBURN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

727-799-0041

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3532182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CH2E037 (9/01)