

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003184

1. Entity Name

PANHANDLE BOOTS & SADDLE CLUB, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90010 012 ****61.25

Principal Place of Business
P.O. Box 1273
~~4806 MEADOW LAKE DRIVE~~
CRESTVIEW FL 32539 - *1273*

Mailing Address
P.O. Box 1273
~~4806 MEADOW LAKE DRIVE~~
CRESTVIEW FL 32539-~~6020~~ - *1273*

827000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3548901

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GENZLER, WILLIAM
4806 MEADOW LAKE DRIVE
CRESTVIEW FL 32539

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 TOWNLEY, CECIL
CITY-ST-ZIP 5771 WILDWOOD RD.
CRESTVIEW FL 32536

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

TITLE ☒ Delete
NAME GENZLER, WILLIAM
STREET ADDRESS 4806 MEADOW LAKE DR.
CITY-ST-ZIP CRESTVIEW FL 32539

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

TITLE ☐ Delete
NAME WHELOCK, LAURIN
STREET ADDRESS 6113 OAK HILL RD. *5955*
CITY-ST-ZIP CRESTVIEW FL 32536

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

TITLE ☐ Delete
NAME KEVIN FUQUA
STREET ADDRESS P.O. Box 28
CITY-ST-ZIP BAKER, FL 32531 - 0028

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/22/00 *850-682-4825*
Date Daytime Phone #