

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101925

1. Entity Name

THE PANHANDLE SPORTSMAN, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90074 018 \*\*\*150.00

Principal Place of Business <b>3 HOLMES BLVD..N.W. FT. WALTON BEACH FL 32548</b>	Mailing Address <b>3 HOLMES BLVD..N.W. FT. WALTON BEACH FL 32548</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3612306</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LAWS, DEBRA A 3 HOLMES BLVD..N.W. FT. WALTON BEACH FL 32548</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWS, DEBRA A</b> <b>1205 THOMASON DR.</b> <b>FT. WALTON BEACH FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T/D</b> <b>LAWS, DEBRA A.</b> <b>1205 THOMASON DR.</b> <b>FT. WALTON BCH., FL 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWS, KEVIN P</b> <b>1205 THOMASON DR.</b> <b>FT. WALTON BEACH FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D</b> <b>LAWS, KEVIN P.</b> <b>1205 THOMASON DR.</b> <b>FT. WALTON BEACH, FL 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WSALKER, JAMES F</b> <b>8122 BERANO ST.</b> <b>NAVARRE FL 32566</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Debra A. Laws* **3-15-00** **(850) 844-5679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)