

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90010 018 ****61.25

DOCUMENT # 700188

1. Entity Name

PILOT CLUB OF WINTER HAVEN, FLORIDA, INC..

Principal Place of Business

Mailing Address

P.O. BOX 9104
 WINTER HAVEN FL 33883

P.O. BOX 9104
 WINTER HAVEN FL 33883-9104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6173306

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OWEN, HARRIET
580 AVE. E. S.E.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name **JANET HART**
 Street Address (P.O. Box Number is Not Acceptable)
4041 CYPRESS LANDING E.
 City **WINTER HAVEN FL** Zip Code **33884**

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

Janet A. Hart

4-24-00

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	T	<input checked="" type="checkbox"/> Delete
NAME	STAACK, JACQUELYN S	
STREET ADDRESS	260 AVE. A., S.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	PEP	<input checked="" type="checkbox"/> Delete
NAME	BEASLEY, EUNICE	
STREET ADDRESS	CYPRESSWOOD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	P	<input type="checkbox"/> Delete
NAME	HART, JANET	
STREET ADDRESS	4041 CYPRESS LANDING E.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	RS	<input type="checkbox"/> Delete
NAME	COLLINS, HELEN	
STREET ADDRESS	2470 29TH ST., N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSEY, CLARICE	
STREET ADDRESS	521 LITTLE LAKE COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PORTER, ANN	
STREET ADDRESS	802 ARIETTA CIRCLE N.	
CITY-ST-ZIP	AUBURNDALE FL 33823	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, JANET	
STREET ADDRESS	237 24TH COURT SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIERRO, BETTY	
STREET ADDRESS	140 LONGFELLOW RD.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VP	<input checked="" 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	GRIFFITH, DIANE	
STREET ADDRESS	4518 ASHFORD DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

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:

Janet A. Hart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

863-324-2111x363

Daytime Phone #

CR2E037 (9/99)