

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 18, 2001 8:00 am
Secretary of State

04-30-2001 90034 032 ****61.25

DOCUMENT # 700225

1. Entity Name

PILOT CLUB OF QUINCY FLORIDA INC

Principal Place of Business

645 CAMP RD.
 CHATTAHOOCHEE FL 32324
 US

Mailing Address

645 CAMP RD.
 CHATTAHOOCHEE FL 32324
 US

2. Principal Place of Business

3633 Mt. Pleasant Rd
 Suite, Apt. #, etc.

3. Mailing Address

3633 Mt. Pleasant Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Quincy FL 32351
 Zip Country
32351 USA

City & State

Quincy FL 32351
 Zip Country
32351 USA

4. FEI Number

59-6153250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JUDITH D
645 CAMP RD.
CHATTAHOOCHEE FL 32324

7. Name and Address of New Registered Agent

Name **Caroline P. Fallis**

Street Address (P.O. Box Number is Not Acceptable)
3633 Mt. Pleasant Rd

City **Quincy** FL Zip Code **32351**

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 **Caroline P. Fallis** **Treasurer** **4-23-01**
 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

TITLE	D	SHIVER, LYN	<input checked="" type="checkbox"/> Delete
NAME		RT #6 BOX 77	
STREET ADDRESS		QUINCY FL 32351	
CITY-ST-ZIP			
TITLE	D	FURLOW, JESSIE	<input checked="" type="checkbox"/> Delete
NAME		RT #6 BOX 420-H	
STREET ADDRESS		QUINCY FL 32351	
CITY-ST-ZIP			
TITLE	T	PEACOCK, GRETA	<input checked="" type="checkbox"/> Delete
NAME		600 JACE DR	
STREET ADDRESS		QUINCY FL 32351	
CITY-ST-ZIP			
TITLE	P	BASSETT, MARY EMMA	<input checked="" type="checkbox"/> Delete
NAME		RT. 2 BOX 251-B	
STREET ADDRESS		QUINCY FL 32351	
CITY-ST-ZIP			
TITLE	PE	HINSON, BETTY	<input type="checkbox"/> Delete
NAME		RT. 6, BOX 219	
STREET ADDRESS		QUINCY FL 32351	
CITY-ST-ZIP			
TITLE	D	FALLIS, CAROLINE	<input type="checkbox"/> Delete
NAME		RT. 5 BOX 68	
STREET ADDRESS		QUINCY FL 32351	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P-D	Spooner, Delores	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		849 Faceville Attapulgus Hwy	
STREET ADDRESS		Attapulgus, GA 31715	
CITY-ST-ZIP			
TITLE	PE-D	Fishburne, Kenan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		336 N. Jackson St.	
STREET ADDRESS		Quincy FL 32351	
CITY-ST-ZIP			
TITLE	VP-D	Peacock, Greta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		600 Jack Dr.	
STREET ADDRESS		Quincy FL 32351	
CITY-ST-ZIP			
TITLE	S-D	Winkler, Susie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		816 Sunset Dr.	
STREET ADDRESS		Quincy FL 32351	
CITY-ST-ZIP			
TITLE	D	Hinson, Betty	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		799 Friday Rd	
STREET ADDRESS		Quincy, FL 32351	
CITY-ST-ZIP			
TITLE	T-D	Fallis, Caroline P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3633 Mt. Pleasant Rd.	
STREET ADDRESS		Quincy FL 32351	
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 REQUIRED - Treasurer** **4/23/01** **850-856-5422**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ICR2E037 (10/00)