

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91880 048 ****61.25

DOCUMENT # 700823

1. Entity Name
PILOT CLUB OF WEST VOLUSIA, INC.



Principal Place of Business

**4285 AUDUBON AVENUE
DELEON SPRINGS FL 32130
US**

Mailing Address

**P.O. BOX 321
DELEON SPRINGS FL 32130
US**

2. Principal Place of Business

1597 CARR ST

3. Mailing Address

P.O. Box 220123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND FL

City & State

Glenwood, FL

Zip

32720

Country

US

Zip

32722

Country

US

4. FEI Number **59-6163661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LUCAS, KAREN
4285 AUDUBON AVE
DELEON SPRINGS FL 32130**

7. Name and Address of New Registered Agent

Name **BERT WRIGHT**

Street Address (P.O. Box Number is Not Acceptable)

1597 CARR ST

City

DELAND

FL

Zip Code

32720

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE **BERT WRIGHT**

Signature, typed or printed name of registered agent and title if applicable.

Bert P. Wright

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **JEFFERSON, JOANNE**
STREET ADDRESS **1016 PEARL TREE RD.**
CITY-ST-ZIP **DELTONA FL 32725-4805**

TITLE **P** ☐ Delete
NAME **EULER, JEAN**
STREET ADDRESS **22332 LIVE OAK RANCH**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **T** ☐ Delete
NAME **LUCAS, KAREN**
STREET ADDRESS **4285 AUDUBON AVENUE**
CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE **CS** ☒ Delete
NAME **CASKEY, ANN**
STREET ADDRESS **703 ALBERT LANE**
CITY-ST-ZIP **DELAND FL 32720-6501**

TITLE **PE** ☒ Delete
NAME **WELEBOB, ELIZABETH**
STREET ADDRESS **1467 SAXON BLVD.**
CITY-ST-ZIP **DELTONA FL 32728**

TITLE **D** ☐ Delete
NAME **SCHOOLMASTER, MARY ELLEN**
STREET ADDRESS **P.O. BOX 5979**
CITY-ST-ZIP **DELTONA FL 32728-5979**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **WRIGHT BERT**
STREET ADDRESS **1597 CARR ST**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CS** ☐ Change ☒ Addition
NAME **Anita De Gonia**
STREET ADDRESS **11 Spring Ridge DR**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **RS** ☐ Change ☒ Addition
NAME **Patsy Mitchell**
STREET ADDRESS **207 N. McDonald Ave**
CITY-ST-ZIP **DELAND, FL 32724-4569**

TITLE **PE** ☒ 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:

POSTAGE REQUIRED

4-29-03 386-736-1632

CR2E037 (10/02)

ATTACHMENT
90128952
700823

11. Continued

D

LUCILLE JOHNSON
712A E. MINNESOTA AVE
DELAND, FL 32724-3668

D

ANNE SENEZ
3001 ANNEZ WAY
DEBARY, FL 32713