

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90122 004 ****61.25

DOCUMENT # 701460

1. Entity Name

PILOT CLUB OF OCALA FLORIDA INC



Principal Place of Business

**4527 SE FORT KING STREET
OCALA FL 34470
US**

Mailing Address

**P O BOX 4323
OCALA FL 34478
US**

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 **59-6173298**

Applied For

Not Applicable

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

**MILLER, CLARA
4527 SE FORT KING STREET
OCALA FL 34470**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **LANZL, REGINA**
STREET ADDRESS **875 SE 170TH ST**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **P** ☒ Change ☐ Addition
NAME **Sally Manzone**
STREET ADDRESS **3380 SE 2nd Ct**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **VP** ☒ Delete
NAME **MANZONE, SALLY**
STREET ADDRESS **439 SE 54TH CT**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **VP** ☒ Change ☐ Addition
NAME **Karen Rector**
STREET ADDRESS **886-7 SW 52nd Ct**
CITY-ST-ZIP **Ocala, FL 34476**

TITLE **RS** ☒ Delete
NAME **MILLER, CLARA**
STREET ADDRESS **4527 N.E FT KING ST.**
CITY-ST-ZIP **OCALA FL 34470-1404**

TITLE **RS** ☒ Change ☐ Addition
NAME **Barbara Hassen**
STREET ADDRESS **5180 SW 84th St**
CITY-ST-ZIP **Ocala, FL 34476**

TITLE **T** ☒ Delete
NAME **BRADLEY, SHIRLEY**
STREET ADDRESS **3209 SE 39TH AVE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **CS** ☒ Change ☐ Addition
NAME **Rose Marie Weyer**
STREET ADDRESS **136 SE 41st Ave**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **D** ☒ Delete
NAME **REGTOR, KAREN**
STREET ADDRESS **8867 S.W. 52 CT**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **T** ☒ Change ☐ Addition
NAME **Helen Helvenston**
STREET ADDRESS **928 NE 11th Ave**
CITY-ST-ZIP **Ocala, FL 34470**

TITLE **D** ☒ Delete
NAME **SHULTZ, BRIGITTE**
STREET ADDRESS **964 S.W. 35TH LANE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☒ Change ☐ Addition
NAME **Shirley Bradley**
STREET ADDRESS **3209 SE 39th Ave**
CITY-ST-ZIP **Ocala, FL 34471**

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**

April 1, 2003 352-622-4637

CR2E037 (10/02)

Attachment
90077797

Document #701460 - Continued

D

Zelma Slusser
34 Teak Loop
Ocala, FL 34472

D

Nancy Bierema
220 SE 34th Place
Ocala, FL 34471

D

Mary Stephenson
3339 NE 31st Ave.
Ocala, FL 34479

D

Regina Lanzl
875 SE 170th St
Summerfield, FL 34491