## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 16, 2001 8:00 am <sup>8</sup> Secretary of State **DOCUMENT # 706221** 1. Entity Name PILOT CLUB OF SOUTH BREVARD, INC. 03-16-2001 90006 034 \*\*\*\*61.25 Principal Place of Business Mailing Address 535 NEWPORT DRIVE 535 NEWPORT DRIVE INDIALANTIC FL 32903 INDIALANTIC FL 32903 UŞ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-6173302 Not Applicable Zip Country \$8.75 Additional Country \_\_\_\_\_ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WALLS, JEANNIE 535 NEWPORT DRIVE INDIALANTIC FL 32903 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Change TITLE □ Delete TITLE NAME WALLS, JEANNIE NAME STREET ADDRESS 535 NEWPORT DRIVE STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME **ASHTON, JUSTIN** NAME STREET ADDRESS 1773 BRUMAN TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** TITLE ☐ Change ☐ Addition TITLE Delete NAME MCMILLEN, MARY JANE NAME STREET ADDRESS STREET ADDRESS 4120 ELDORADO WAY CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 Change ☐ Addition TITLE Delete TITLE Iris Brady 2272 Colony Dr NAME NAME RYAN, MILDRED STREET ADDRESS STREET ADDRESS 3468 PARTRIDGE CT. Melbourne, FL. 32935 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 TITI F **VPD** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME **BRETZ, PEGGY** STREET ADDRESS STREET ADDRESS 2888 CORBUSIER DR. CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** ☐ Addition TITLE ☐ Delete TITLE □ Change NAME TAYLOR, NANCY NAME STREET ADDRESS STREET ADDRESS 6270 N. RIVERRUN DRIVE CITY-ST-ZIP CITY-ST-7IP SEBASTAIN FL 32958

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. OFFICER OR DIRECTOR DAVE MEMILION 3/13/01 321-723-32