

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90169 002 ****61.25

DOCUMENT # 706221 1. Entity Name PILOT CLUB OF SOUTH BREVARD, INC.					
Principal Place of Business 535 NEWPORT DRIVE INDIALANTIC, FL 32903 US			Mailing Address 535 NEWPORT DRIVE INDIALANTIC, FL 32903 US		
2. Principal Place of Business 2888 Corbusier Dr. Suite, Apt. #, etc.			3. Mailing Address 2888 Corbusier Dr. Suite, Apt. #, etc.		
City & State Melbourne Florida			City & State Melbourne Florida		
Zip 32935		Country US		4. FEI Number 59-6173302	
5. Certificate of Status Desired ☐				\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALLS, JEANNIE 535 NEWPORT DRIVE INDIALANTIC, FL 32903				7. Name and Address of New Registered Agent Name Peggy Bretz Street Address (P.O. Box Number is Not Acceptable) 2888 Corbusier Dr. City Melbourne FL Zip 32935	
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 <i>Peggy Bretz</i> Signature, typed or printed name of registered agent and fee if applicable.				DATE 5/3/03 (NOTE: Registered Agent's signature required when re-registering)	
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME	☐ Delete	TITLE	P
NAME		WALLS, JEANNIE		NAME	Peggy Bretz
STREET ADDRESS		535 NEWPORT DRIVE		STREET ADDRESS	2888 Corbusier Dr.
CITY-ST-ZIP		INDIALANTIC, FL 32903		CITY-ST-ZIP	Melbourne FL 32935
TITLE	PE	NAME	☐ Delete	TITLE	PE
NAME		ASHTON, JUSTIN		NAME	Mary Jane McMillen
STREET ADDRESS		1773 BRUMAN TERRACE		STREET ADDRESS	4120 Eldorado Way
CITY-ST-ZIP		MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne FL 32934
TITLE	T	NAME	☐ Delete	TITLE	T
NAME		MCMILLEN, MARY JANE		NAME	Renee Wolff
STREET ADDRESS		4120 ELDORADO WAY		STREET ADDRESS	339 Markley Ct.
CITY-ST-ZIP		MELBOURNE, FL 32934		CITY-ST-ZIP	Indian Harbour Bch FL 32937
TITLE	RC	NAME	☐ Delete	TITLE	RC
NAME		WOLFF, RENEE		NAME	Jeannie Walls
STREET ADDRESS		339 MARKLEY CT		STREET ADDRESS	2479 Coral Ridge Cir
CITY-ST-ZIP		INDIALANTIC HARBOR BEACH, FL 32937		CITY-ST-ZIP	Melbourne FL 32935
TITLE	VPD	NAME	☐ Delete	TITLE	VPD
NAME		BRETZ, PEGGY		NAME	Faye Pratt
STREET ADDRESS		2888 CORBUSIER DR.		STREET ADDRESS	239 Cinnamon Lake Cir.
CITY-ST-ZIP		MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne Florida 32901
TITLE	D	NAME	☒ Delete	TITLE	D
NAME		TAYLOR, NANCY		NAME	Kay Rhoden
STREET ADDRESS		6270 N. RIVERRUN DRIVE		STREET ADDRESS	1894 Sarno
CITY-ST-ZIP		SEBASTIAN, FL 32969		CITY-ST-ZIP	Melbourne Florida 32935
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: <i>Peggy Bretz</i> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR				DATE 5/3/03 (321) 254-8101 Daytime Phone #	