2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED DOCUMENT # 716305 May 17, 2000 8:00 am Secretary of State 1. Entity Name PILOT CLUB OF PALATKA, INC. 05-17-2000 90933 026 ****61.25 Principal Place of Business Mailing Address P.O. BOX 2202 P.O. BOX 2202 PALATKA FL 32178 PALATKA FL 32178-2202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6173299 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACE, ELIZABETH 1703 LAUREL ST. PALATKA FL 32177 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. RECORDING SEC ☐ Addition TITI F Change TITLE Delete NAME SHEFFIELD NAME DEAL, DOROTHY STREET ADDRESS STREET ADDRESS 239 BUFFLO RD 212 CITY-ST-ZIP CITY-ST-ZIP SATSUMA FL 32189 ESIDENT- ELECT ☐ Addition ۷P **▼** Delete TITLE **Change** WILLIS, MARGARET NAME THY DANESE GRANDVIEW DR STREET ADDRESS STREET ADDRESS 200 MADISON ST CITY-ST-ZIP CITY-ST-7IP PALATKA FL. 32177 Change TITLE REASUREA ☐ Addition **∑** Delete MARY M. BENNEHOFE STUMBO, WANDA NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1984 N/A O BÓX 1755 CITY-ST-ZIP ALATKA FL 32178 CITY-ST-ZIP Palatka Fl ☐ Change ☐ Addition TITLE ☐ Delete TITLE HODGE, GLADYS NAME NAME STREET ADDRESS STREET ADDRESS 1505 CARR ST CITY-ST-ZIP CITY-ST-ZIP Palatka FL 32177 🔀 Delete TITLE VICE- PRESIDENT TX Change ☐ Addition LA CIERRA, MARY RHOPA NAME NAME STREET ADDRESS STREET ADDRESS 212 WESTOVER CIRCLE CITY-ST-ZIP CITY-ST-ZIP P<u>alatk</u>a fl (EX)Defete TITLE ☐ Addition TITLE IRECTOR NAME HAFNER, JANE NAME STREET ADDRESS STREET ADDRESS P.O. BOX 532 CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32178-1755 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