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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
04-18-2001 90004 016 ****61.25

DOCUMENT # 716305

1. Entity Name

PILOT CLUB OF PALATKA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2202 PALATKA FL 32178	P.O. BOX 2202 PALATKA FL 32178

- 47122

DO NOT WRITE IN THIS SPACE

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 59-6173299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, MARGARET
200 MADISON STREET
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name KATHY DANESE

Street Address (P.O. Box Number is Not Acceptable) 323 W. RIVER ROAD

City PALATKA **FL** Zip Code 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.

SIGNATURE Kathy C Danese 3/31/2001
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEAL, DOROTHY 239 BUFFLO RD 212 SATSUMA FL 32189	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KATHY DANESE 323 W RIVER RD PALATKA, FL 32177 D	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIS, MARGARET 200 MADISON ST PALATKA FL 32177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TIA LINGLE, PRES. ELECT P.O. BOX 2202 PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STUMBO, WANDA P.O. BOX 1984 N/A PALATKA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT AMANDA WATT 417 KIRBY ST PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGE, GLADYS 1505 CARR ST PALATKA FL 32177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SEC~~ CORRESPONDING SEC. ELIZABETH MACE 1703 LAUREL ST PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LA CIERRA, MARY RHOPA 212 WESTOVER CIRCLE PALATKA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS. MARY BENNEHOFF 129 RIVERVIEW DR. EAST PALATKA, FL 32131 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAFNER, JANE P.O. BOX 532 PALATKA FL 32178-1755	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARILYN NICHOLSON RT. 5, BOX 2003 PALATKA, FL 32177 D	☐ Change ☒ Addition

CR2E037 (10/00)

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 3/31/2001 386/325-3039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #