

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90026 005 \*\*\*\*61.25

**DOCUMENT # N41001**

1. Entity Name

**FIRST COAST PILOT CLUB OF ST. AUGUSTINE, FLORIDA**

Principal Place of Business

Mailing Address

C/O TAMMY MARSHALL  
 400 N. PONCE DE LEON BLVD  
 ST. AUGUSTINE FL 32084

C/O TAMMY MARSHALL  
 400 N. PONCE DE LEON BLVD  
 ST. AUGUSTINE FL 32084-3587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2749892**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HINCHMAN, AUDRIA**  
**133 NORTH BLVD.**  
**ST. AUGUSTINE FL 32095**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	HANKINS, PATRICIA A	
STREET ADDRESS	78 FERROL RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAYNES, LOIS	
STREET ADDRESS	3765 ARROWHEAD DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	<del>P</del> President Fleet	<input type="checkbox"/> Delete
NAME	EATON, PATRICIA	
STREET ADDRESS	3740 ARROWHEAD DR.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, MARY JANE	
STREET ADDRESS	RT 3 BOX 16	
CITY-ST-ZIP	E. PALATKA FL 32131	
TITLE	<del>P</del> Director	<input type="checkbox"/> Delete
NAME	BURNS, NANCY	
STREET ADDRESS	4600 A1A S., VILLAGE DELLAGO 3-1	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	H	<input type="checkbox"/> Delete
NAME	HINCHMAN, AUDRIA	
STREET ADDRESS	133 NORTH BLVD.	
CITY-ST-ZIP	ST AUGUSTINE FL	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Marshall	
STREET ADDRESS	730 Aleida Drive	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haynes, Lois	
STREET ADDRESS	733 Captains Drive	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Otto	
STREET ADDRESS	101 Coquina Avenue	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	President-Fleet	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Eaton	
STREET ADDRESS	3740 Arrowhead Drive	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Burns	
STREET ADDRESS	4600 A1A S., Village Dellago 3-1	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Audria Hinchman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

Date

904-829-2201

Daytime Phone #

CR2E037 (9/99)