

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90045 048 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000004277

1. Entity Name
THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WING

Principal Place of Business 1621 GULF BLVD., #1501 CLEARWATER FL 33767-2966	Mailing Address 1621 GULF BLVD., #1501 CLEARWATER FL 33767-2966
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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 59-3347255	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
LONG, LESTER W
7001 7TH AVE WEST
BRADENTON FL 34209

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	SOPHIA M PAYTON	
STREET ADDRESS	1621 GULF BLVD., #1501	
CITY-ST-ZIP	CLEARWATER FL 33767-2966	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	MELCHER, ROBERT A	
STREET ADDRESS	8280 61ST NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	LONG, LESTER W	
STREET ADDRESS	7001 7TH AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209-3411	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	AL SELBY	
STREET ADDRESS	5217 81ST ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	JOHN H WILKE	
STREET ADDRESS	424 LAZY LAKE DR WEST	
CITY-ST-ZIP	LAKELAND FL 33801-6404	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYTON, SOPHIA M	
STREET ADDRESS	1621 GULF BLVD #501	
CITY-ST-ZIP	CLEARWATER FL 33767-2966	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPHIA M. PAYTON	
STREET ADDRESS	1621 GULF BLVD. #1501	
CITY-ST-ZIP	CLEARWATER, FL 33767-2966	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SOPHIA M. PAYTON** 2-15-00 727.596.4540

CR2E037 (9/99)