

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004277

1. Entity Name

THE FLORIDA GULF COAST 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, LESTER W
7001 7TH AVE WEST
BRADENTON FL 34209

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 P/D
NAME SOPHIA M PAYTON
STREET ADDRESS 1621 GULF BLVD., #1501
CITY-ST-ZIP CLEARWATER FL 33767-2966 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P/D
NAME MELCHER, ROBERT A
STREET ADDRESS 8280 61ST NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S/D
NAME LONG, LESTER W
STREET ADDRESS 7001 7TH AVE WEST
CITY-ST-ZIP BRADENTON FL 34209-3411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T/D
NAME AL SELBY
STREET ADDRESS 5217 81ST ST N
CITY-ST-ZIP ST PETERSBURG FL 33709 ☒ Delete

TITLE T/D
NAME SOPHIA M. PAYTON
STREET ADDRESS 1621 GULF BLVD. #1501
CITY-ST-ZIP CLEARWATER, FL 33767-2966 ☐ Change ☐ Addition

TITLE VP/D
NAME JOHN H WILKE
STREET ADDRESS 424 LAZY LAKE DR WEST
CITY-ST-ZIP LAKE LAND FL 33801-6404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PAYTON, SOPHIA M
STREET ADDRESS 1621 GULF BLVD #501
CITY-ST-ZIP CLEARWATER FL 33767-2966 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: SOPHIA M. PAYTON 2-15-00 727.596.4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)