2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **739656** May 22, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA DISTRICT INC. PILOT CLUB INTERNATIONAL. 05-22-2000 90081 031 ****61.25 Principal Place of Business Mailing Address 39127 PRETTY POND RD 39127 PRETTY POND RD ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540-1532 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCGAVERN, LYN 39127 PRETTY POND ROAD ZEPHYRHILLS FL 33540 Zip Code City FĹ 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete Addition CARDYNWhTHE WHITE, CAROLYN NAME STREET ADDRESS STREET ADDRESS 1587 SHERRES LANE CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete TITLE TITLE POTTER, JANET NAME NAME STREET ADDRESS STREET ADDRESS 2231 MAGNOLIA AVENUE CITY-ST-ZIP CITY-ST-ZIP **SOUTH DAYTONA FL 32119** ☐ Change Addition TITLE TITLE TD □ Delete NAME FREEMAN, ANN NAME STREET ADDRESS STREET ADDRESS 2055 17 STREET CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Addition TITLE ☐ Delete TITLE MCGAVERN, LYN NAME NAME STREET ADDRESS STREET ADDRESS 39127 PRETTY POND ROAD CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section