

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31843

1. Entity Name

PILOT CLUB OF ST. LUCIE COUNTY, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90173 035 ****61.25

Principal Place of Business

P O BOX 4505
P. O. BOX 4505
FT PIERCE FL 34948-1505
US

Mailing Address

P O BOX 4505
P. O. BOX 4505
FT PIERCE FL 34948-1505
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0069420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUDINO ANITA C
1 MONTOYA
FORT PIERCE FL 34951

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

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

TITLE **D** ☐ Delete
NAME **JANET DELUCIA**
STREET ADDRESS **1701 S.E. LORRAINE ST**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **TD** ☐ Delete
NAME **TUDINO, ANITA C.**
STREET ADDRESS **1 MONTOYA**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☐ Delete
NAME **TUDINO, BARBARA J.**
STREET ADDRESS **6705 SANTA CLARA BLVD.**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☐ Delete
NAME **DILL-COLLIER, CAROLYN**
STREET ADDRESS **101 N. ROCK ROAD**
CITY-ST-ZIP **FT. PIERCE FL 34945**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: *Barbara J. Tudino* **Barbara J. Tudino** *1/16/01* **489-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)