

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31843

Entity Name

PILOT CLUB OF ST. LUCIE COUNTY, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90077 024 \*\*\*\*61.25

Principal Place of Business	Mailing Address
O BOX 4505 O. BOX 4505 PIERCE FL 34948-1505	P O BOX 4505 P. O. BOX 4505 FT PIERCE FL 34948-1505 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0069420	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUDINO ANITA C 1 MONTOYA FORT PIERCE FL 34951	Name: <u>Barbara J. Tudino</u> Street Address (P.O. Box Number is Not Acceptable): <u>206 Rockland Dr</u> City: <u>Fort Pierce</u> FL Zip Code: <u>34947</u>

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: <u>Barbara J. Tudino, Treasurer</u>	DATE: <u>2/5/02</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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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0. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JANET DELUCIA</u> <u>1701 S.E. LORRAINE ST</u> <u>PORT ST. LUCIE FL</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD</u> <u>TUDINO, ANITA C.</u> <u>1 MONTOYA</u> <u>FORT PIERCE FL</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>TUDINO, BARBARA J.</u> <u>6705 SANTA CLARA BLVD.</u> <u>FORT PIERCE FL</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Barbara Tudino</u> <u>206 Rockland Dr.</u> <u>Fort Pierce FL 34947</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>DILL-COLLIER, CAROLYN</u> <u>101 N. ROCK ROAD</u> <u>FT. PIERCE FL 34945</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Barbara J. Tudino, Treasurer</u>	DATE: <u>2/5/02</u>	DAYTIME PHONE: <u>561-482-3700</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (9/01)