

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90364 009 \*\*\*\*61.25

**DOCUMENT # N31843**

1. Entity Name  
**PILOT CLUB OF ST. LUCIE COUNTY, INC.**



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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0069420</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TUDINO, BARBARA J</b> <b>206 ROCKLAND DR</b> <b>FORT PIERCE FL 34947</b>	7. Name and Address of New Registered Agent Name <b>Barbara J McKenzie</b> Street Address (P.O. Box Number is Not Acceptable) <b>606 Azalea Ave</b> City <b>Fort Pierce</b> FL Zip Code <b>34982</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara J McKenzie* DATE 1-21-03  
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. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JANET DELUCIA</b> <b>1701 S.E. LORRAINE ST</b> <b>PORT ST. LUCIE FL</b> <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	<b>TD</b> <b>TUDINO, ANITA C.</b> <b>1 MONTOYA</b> <b>FORT PIERCE FL</b> <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	<b>D</b> <b>TUDINO, BARBARA J.</b> <b>206 ROCKLAND DR</b> <b>FORT PIERCE FL 34947</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Barbara J McKenzie</b> <b>606 Azalea Ave</b> <b>Fort Pierce FL 34982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DILL-COLLIER, CAROLYN</b> <b>101 N. ROCK ROAD</b> <b>FT. PIERCE FL 34945</b> <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

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 REQUIRED**

CR2E037 (10/02)