

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700037

1. Entity Name

PILOT CLUB OF MARIANNA, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90025 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. Box 262  
Marianna, FL 32447

P. O. Box 262  
Marianna, FL 32447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6173296

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, Mamie  
2914 Evergreen Lane  
Marianna, FL 32446

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

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	WESSON, Gail B.	<input type="checkbox"/> Delete
NAME		5960 Nubbin Ridge Rd.	
STREET ADDRESS		Greenwood, FL 32443	
CITY-ST-ZIP			
TITLE	P-E	Ruth Huizer	<input type="checkbox"/> Delete
NAME		3095 Fourth St.	
STREET ADDRESS		Marianna, FL 32446	
CITY-ST-ZIP			
TITLE	V	Margie Mullins	<input type="checkbox"/> Delete
NAME		3151 Hwy. 71	
STREET ADDRESS		Marianna, FL 32443	
CITY-ST-ZIP			
TITLE	S	Gerry Tanner	<input type="checkbox"/> Delete
NAME		3425 Highway 73	
STREET ADDRESS		Marianna, FL 32446	
CITY-ST-ZIP			
TITLE	D	Rita M. Rodgers	<input type="checkbox"/> Delete
NAME		Rt. 1, Box 138-D	
STREET ADDRESS		Blountstown, FL 32424	
CITY-ST-ZIP			
TITLE	D	Judy Fritz	<input type="checkbox"/> Delete
NAME		P. O. Box 127	
STREET ADDRESS		Marianna, FL 32447	
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)