

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90068 017 ****61.25

DOCUMENT # 700037

1. Entity Name

PILOT CLUB OF MARIANNA INC

Principal Place of Business

Mailing Address

P O BOX 262
 MARIANNA FL 32447
 US

P O BOX 262
 MARIANNA FL 32447
 US

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**

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]*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **FRITZ, JUDY**
 STREET ADDRESS **PO BOX 127**
 CITY-ST-ZIP **MARIANNA FL 32447**

TITLE **P** ☒ Change ☐ Addition
 NAME **Pforte, LINDA**
 STREET ADDRESS **2919 Penn Ave, Suite B**
 CITY-ST-ZIP **MARIANNA, FL 32448**

TITLE **P** ☒ Delete
 NAME **WESSON, GAIL**
 STREET ADDRESS **5960 NUBBIN RIDGE RD**
 CITY-ST-ZIP **GREENWOOD FL 32443**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Gerri TANNER**
 STREET ADDRESS **3425 Highway 73**
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **S** ☒ Delete
 NAME **SIMPSON, ELIZABETH**
 STREET ADDRESS **P.O. BOX 761 N/A**
 CITY-ST-ZIP **MARIANNA FL 32447**

TITLE **T** ☒ Change ☐ Addition
 NAME **Ruth Huizer**
 STREET ADDRESS **3095 Fourth St**
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **T** ☒ Delete
 NAME **SILLS, GAIL H**
 STREET ADDRESS **5114 PRESIDENTS CIRCLE**
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **S** ☒ Change ☐ Addition
 NAME **DEBRA GIBSON**
 STREET ADDRESS **4652 River DR**
 CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **D** ☒ Delete
 NAME **CARPENTER, JUDY**
 STREET ADDRESS **4362 LAFAYETTE ST.**
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☒ Change ☐ Addition
 NAME **Renee Hilton**
 STREET ADDRESS **2355 MARTIN RD**
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE **D** ☒ Delete
 NAME **STADSKLEV, JOAN**
 STREET ADDRESS **2187 STADSKLEV RD.**
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE **D** ☒ Change ☐ Addition
 NAME **Marque Mullins**
 STREET ADDRESS **3151 Highway 71**
 CITY-ST-ZIP **MARIANNA, FL 32446**

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 850-526-2200

CR2E037 (9/01)