

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90018 043 \*\*\*\*61.25

DOCUMENT # 700157 ✓

1. Entity Name  
 PILOT CLUB OF FT MYERS FLA INC.

Principal Place of Business Mailing Address  
 C/O Diane Jensen  
 1833 Hendry Street  
 Ft Myers, FL 33901 Same

827607

DO NOT WRITE IN THIS SPACE

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  
 59-6151500 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JENSEN, DIANE  
 40 PAVESE, GARNER, ET AL  
 1833 Hendry Street  
 FT. MYERS, FL 33901

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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**

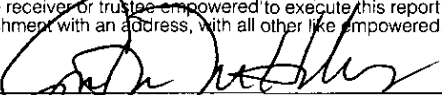
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Conway, CAROL<br>5471 HARBORWAY DR<br>FT MYERS FL 33908 <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GRISI, Phyllis<br>37 Crescent Lake Dr<br>N Ft Myers FL 33917 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PE<br>HANEY ROSIE<br>1593 Tredegar Dr.<br>FT MYERS FL 33919 <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>Gaylor, Donna<br>3943 ROOSEVELT AVE<br>FORT MYERS FL 33901 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>Vendrick, Judith<br>4717 SW 24 AVE<br>CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Dorazio, Laura<br>13364 Highland Chase Place<br>FORT MYERS FL <input type="checkbox"/> Delete           |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PE<br>DRAGICH, VICKI<br>12800 Allendale Circle<br>FT MYERS FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Janet Davenport<br>6316 ST. Andrews Circle<br>FT MYERS FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br><br><br><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Hart, Harriet<br>8954 Andover Street<br>FT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>Cynthia M. Hawkins<br>3300 N. KAY DRIVE #5E<br>N FT MYERS FL 33903 <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br><del>Sericca</del> Elinor<br>10120 Bertram Lane<br>FT MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" 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:  Cynthia M. Hawkins 3/23/00 941-334-9199

CR2E037 (9/99)