

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90027 036 ****61.25

0068148

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

C/O DIANE JENSEN
 1833 HENDRY STREET
 FT. MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

JENSEN, DIANE
 % PAVESE, GARNER, ET AL
 1833 HENDRY ST.
 FT MYERS FL 33901

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PE	DRAGICH, VICKI	12800 ALLENDALE CIRCLE	FORT MYERS FL 33912	<input type="checkbox"/>	P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DAVENPORT, JANET	6316 ST ANDREWS CIRCLE	FORT MYERS FL 33919	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	HANEY, ROSIE	1593 TREDEGAR DR	FT MYERS FL 33919	<input type="checkbox"/>	D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HART, HARRIET	8954 ANDOVER ST	FORT MYERS FL 33907	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	HAWKINS, CYNTHIA M	3300 N KEY DRIVE #5E	N FT MYERS FL 33903	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SARICCA, ELINOR	10120 BERTRAM LANE	FORT MYERS FL 33919	<input type="checkbox"/>		SARICCA			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/01 941-334-9191

CR2E037 (10/00)