


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

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90035 027 ****61.25

DOCUMENT # 700157			
1. Entity Name PILOT CLUB OF FT MYERS FLA INC			
Principal Place of Business C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS, FL 33901		Mailing Address 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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENSEN, DIANE % PAVESE, GARNER, ET AL 1833 HENDRY ST. FT MYERS, FL 33901		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 except the obligations of registered agent.			
Signature <i>Di Anne</i>		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. <input type="checkbox"/>	\$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	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSBEE, BETTY	NAME	<i>Carol Conway</i>
STREET ADDRESS	6901 BRIARCLIFF ROAD	STREET ADDRESS	<i>15840 S. Pebble Lane</i>
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	<i>Fort Myers, FL 33912</i>
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, JANET	NAME	<i>Pat Umegrover</i>
STREET ADDRESS	6316 ST ANDREWS CIRCLE	STREET ADDRESS	<i>16915 Timberlakes Drive</i>
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	<i>Fort Myers, FL 33908</i>
TITLE	VP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGINGTON, MARY ANN	NAME	<i>Alison Hussey</i>
STREET ADDRESS	3814 SE 12TH PLACE	STREET ADDRESS	<i>5613 Amoroso Drive</i>
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	<i>Fort Myers, FL 33919</i>
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, HARRIET	NAME	<i>Diane Jensen</i>
STREET ADDRESS	8954 ANDOVER ST	STREET ADDRESS	<i>1043 Averley St.</i>
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	<i>Fort Myers, FL 33919</i>
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, HARRIET	NAME	<i>Mary Ann Edgington</i>
STREET ADDRESS	1263 STADLER DRIVE	STREET ADDRESS	<i>3814 SE 12th Plcde</i>
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	<i>Cape Coral, FL 33904</i>
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, CAROL	NAME	<i>Cindy Hawkins</i>
STREET ADDRESS	6471 HARBORAGE DRIVE	STREET ADDRESS	<i>14190 Reflection Lakes Drive</i>
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	<i>Fort Myers, FL 33907</i>
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: <i>Harriet H. Simpson</i>		Date: <i>June 28, 2003</i> (239) 275-6630	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
<i>Harriet H. Simpson</i>			

CR2E037 (10/02)