2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **700188** May 12, 2000 8:00 am 1. Entity Name **Secretary of State** PILOT CLUB OF WINTER HAVEN, FLORIDA, INC... 05-12-2000 90010 018 ****61.25 Principal Place of Business Mailing Address P.O. BOX 9104 P.O. BOX 9104 WINTER HAVEN FL 33883-9104 WINTER HAVEN FL 33883 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-6173306 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent---JANET HAR7Street Address (P.O. Box Number is Not Acceptable) 4041 CYPRESS LANDING OWEN, HARRIET 4041 580 AVE. E. S.E. WINTER HAVEN FL 33880 City NTER 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 (NOTE: Registered Agent signature required when reinstating) ____ 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE 1S \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **Addition X** Delete TITLE TITLE JANET STAACK, JACQUELYN S HILL, NAME NAME 24TH COURT SW STREET ADDRESS STREET ADDRESS 237 260 AVE. A., S.W. WINTER HAVEN FL 33880 CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Change **Addition** PED 🔀 Delete TITLE TITLE FIERRO, BETTY NAME BEASLEY, EUNICE NAME 140 LONGFELLOW RD. STREET ADDRESS STREET ADDRESS **CYPRESSWOOD** CITY-ST-ZIP-WINTER HAVEN FL CITY-ST-7IP WINTER HAVEN FL 33884 Change Change ☐ Addition ☐ Delete TITLE TITLE NAME hart. Janet NAME STREET ADDRESS STREET ADDRESS 4041 CYPRESS LANDING E. CITY-ST-ZIE CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Addition TITLE Change TITLE RS ☐ Delete COLLINS, HELEN NAME NAME STREET ADDRESS STREET ADDRESS 2470 29TH ST., N.W. CITY-ST-7/P CITY-ST-ZIP Winter Haven FL 33881 ☐ Addition ☐ Change TITLE ☐ Delete TITLE MASSEY, CLARICE NAME STREET ADDRESS STREET ADDRESS 521 LITTLE LAKE COURT CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Change **X** Delete ★ Addition TITLE GRIFFITH, DIANE NAME PORTER, ANN NAME 4518 ASHFORD DR. STREET ADDRESS STREET ADDRESS 802 ARIETTA CIRCLE N. CITY-ST-ZIP 33880 CITY-ST-ZIP WINTER HAVEN Auburndale FL 33823 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

SIGNATURE: Signature

changed, or on an attachment with an address, with all other like er

SIGNATURE OF STATES OF DIRECTOR OF SIGNING OFFICER OR DIRECTOR

4-24-00

863-324-2111×363

Daytime Phone #