

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700188

1. Entity Name

PILOT CLUB OF WINTER HAVEN, FLORIDA, INC..

Principal Place of Business

P.O. BOX 9104
WINTER HAVEN FL 33883

Mailing Address

P.O. BOX 9104
WINTER HAVEN FL 33883

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HART, JANET
4041 CYPRESS LANDING EAST
WINTER HAVEN FL 33884

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

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

TITLE	T	<input type="checkbox"/> Delete
NAME	HILL, JANET	
STREET ADDRESS	237 24 COURT SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	P	<input type="checkbox"/> Delete
NAME	FIERRO, BETTY	
STREET ADDRESS	140 LONGFELLOW ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HART, JANET	
STREET ADDRESS	4041 CYPRESS LANDING E.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	RS	<input type="checkbox"/> Delete
NAME	COLLINS, HELEN	
STREET ADDRESS	2470 29TH ST., N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSEY, CLARICE	
STREET ADDRESS	521 LITTLE LAKE COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, DIANE	
STREET ADDRESS	4518 ASHFORD DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

(863) 965-2576

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90006 021 ****61.25

644530



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6173306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)