

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700211

1. Entity Name

PILOT CLUB OF PLANT CITY FLORIDA INC

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90027 046 ****61.25

Principal Place of Business

Mailing Address

1602 SOUTH PARK
PLANT CITY FL 33566

1602 SOUTH PARK
PLANT CITY FL 33566-8110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6173300

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RILEY, NOMA
5201 SOUTH FARKAS ROAD
PLANT CITY FL 33567

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 P ☐ Delete
NAME LAWHORNE, SARAH
STREET ADDRESS 507 PLANT AVE
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KALEL, CONNIE
STREET ADDRESS 1608 STIRRUP CT
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME ROBERTS, ANN
STREET ADDRESS 1602 S. PARK RD
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME RILEY, NOMA
STREET ADDRESS 5201 S FARKAS RD
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MILLER, NANCY
STREET ADDRESS 1402 REDBUD CIRCLE
CITY-ST-ZIP PLANT CITY FL

TITLE Director ☒ Change ☐ Addition
NAME Phyllis Parker
STREET ADDRESS 2307 Parkview Dr.
CITY-ST-ZIP Plant City FL 33566

TITLE D ☐ Delete
NAME MCQUAIG, JEAN
STREET ADDRESS 903 NANCY TERRACE
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ 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:

Noma Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)