

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91185 014 ****61.25

DOCUMENT # 700211

1. Entity Name

PILOT CLUB OF PLANT CITY FLORIDA INC

Principal Place of Business

**1802 SOUTH PARK
 PLANT CITY FL 33566**

Mailing Address

**Farkas
 5201 S FARKES RD
 PLANT CITY FL 33567**

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

59-6173300

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

**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

TITLE **S - corresponding** ☐ Delete
 NAME **LAWHORNE, SARAH**
 STREET ADDRESS **507 PLANT AVE**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **President** ☐ Delete
 NAME **KALEL, CONNIE**
 STREET ADDRESS **1808 STIRRUP CT**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **D Director** ☐ Delete
 NAME **ROBERTS, ANN**
 STREET ADDRESS **1802 S. PARK RD**
 CITY-ST-ZIP **PLANT CITY FL**

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

TITLE **D** ☒ Delete
 NAME **PARKER, PHYLLIS**
 STREET ADDRESS **2307 PARKVIEW DRIVE**
 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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE **President Fleet** ☐ Change ☒ Addition
 NAME **Virginia Berghofer**
 STREET ADDRESS **912 N. Crystal Terrace**
 CITY-ST-ZIP **Plant City FL 33566**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Jill Kinney**
 STREET ADDRESS **111 E Lambright St**
 CITY-ST-ZIP **Tampa FL 33604**

TITLE **Recording Secretary** ☐ Change ☒ Addition
 NAME **Kathy White**
 STREET ADDRESS **6302 N. Habana Apt B**
 CITY-ST-ZIP **Tampa FL 33614**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Beryl Buehman**
 STREET ADDRESS **2718 Laurel Oak Dr.**
 CITY-ST-ZIP **Plant City FL 33567**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Nancy McLean**
 STREET ADDRESS **907 N. Warnell St.**
 CITY-ST-ZIP **Plant City FL 33566**

TITLE **Director** ☐ Change ☐ Addition
 NAME **Nancy Burke**
 STREET ADDRESS **3311 Michener Pl.**
 CITY-ST-ZIP **Plant City FL 33567**

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, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 813 7371607
 Date Daytime Phone #

CR2E037 (9/01)