

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700320

1. Entity Name

PILOT CLUB OF VERO BEACH, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90136 008 ****61.25

Principal Place of Business

P.O. BOX 7049
VERO BEACH FL 32961

Mailing Address

P.O. BOX 7049
VERO BEACH FL 32961-7049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6140652

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

COURTNEY, EUDORA H
3855 INDIAN RIVER DR E
VERO BEACH FL 32963

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	<input checked="" type="checkbox"/> Delete
NAME	NAYLOR, LISA	
STREET ADDRESS	5558 N A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	S	<input type="checkbox"/> Delete
NAME	BETTE, LANGE	
STREET ADDRESS	2336 44TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COURTNEY, EUDORA	
STREET ADDRESS	3855 INDIAN RIVER DR E	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEWKOWICZ, MANGUESX	
STREET ADDRESS	44-201 VISTA GARDENS TRAIL	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERICK, PAT E	
STREET ADDRESS	1425 48TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOLFE, BARBARA	
STREET ADDRESS	2140 55TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32966	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Emerick	
STREET ADDRESS	1425 48th Ave.	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bette Lange	
STREET ADDRESS	2336 44th Avenue	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eudora Courtney	
STREET ADDRESS	3855 E. Indian River Dr	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	V.B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeane Orsino	
STREET ADDRESS	49-106 Woodland Drive	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Lemprey	
STREET ADDRESS	16-102 Vista Grande TRAY	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnet Dobson	
STREET ADDRESS	P.O. Box 3520-476 Eugenia Rd	
CITY-ST-ZIP	VERO BEACH, FL 32964	

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:

Eudora Courtney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 March 2000 (561) 231-4100
Date Daytime Phone #

CR2E037 (9/99)