FILED

2001 UNIFORM BUSINESS REPORT (WBR)

Mar 23, 2001 8:00 am **DOCUMENT # 700320 Secretary of State** 1. Entity Name PILOT CLUB OF VERO BEACH, INC. 03-23-2001 90013 029 ****61.25 Principal Place of Business Mailing Address P.O. BOX 7049 P.O. BOX 7049 LUU37ZZZ VERO BEACH FL 32961 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6140652 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) COURTNEY, EUDORA H 3855 INDIAN RIVER DR E VERO BEACH FL 32963 Zip Code City 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, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to \Box Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition TITLE Delete 🗸 Wolfe, Barbara EMERCK, PATRICIA NAME NAME 1425 48TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIP TITLE Delete Paulzke Virginia Addition TITLE BETTE, LANGE NAME NAME 2336 44TH AVE STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-7IP CITY-ST-ZIP Beuch L1 52962 TITLE ☐ Addition TITLE_ 🗻 🔲 Delete Courtney Eudora 3855 Indian River As E COURTNEY, EUDORA NAME NAME 3855 INDIAN RIVER DR E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP Beach 61 32963 TITLE ☐ Delete TITLE ☐ Addition ORSINO, JEANNE NAME NAME ORSINO, GOLDNE 9-104 Woodland Ne 49-106 WOODLAND DR STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP VERO BEACH FL 32962 CRU Beach, F1 32962 Dempsey, benevieve Change Addition 16-102 Vista Landens Tray TITLE ☐ Delete TITLE DEMPSEY, DENEVIEVE NAME NAME STREET ADDRESS 16-102 VISTA GARDEN TRA Y STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP CRU Beach. 21 32962 ☐ Defete TITLE TITLE LOBEN, JANET NAME NAME STREET ADDRESS P O BOX 3250-476 EUGENIA RD STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 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 REQUIRE SUNDAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10 PORTS (5 2001 Dayling Phone)