

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

FILED
May 15, 2000 8:00 am
Secretary of State

03-04-2000 90096 019 ****61.25

DOCUMENT # 700435

1. Entity Name

PILOT CLUB OF SANFORD FLORIDA, INC.

Principal Place of Business

Mailing Address

PO BOX 836
SANFORD FL 32771
US

PO BOX 836
P.O. BOX 836
SANFORD FL 32772-0836
US

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

59-1728752

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

RETHWILL, MARIAN
305 VIHLEN ROAD
SANFORD FL 32771

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 ☐ Delete
NAME **T**
STREET ADDRESS **GAINES, RUTH**
CITY-ST-ZIP **702 S OAK AVE**
SANFORD FL 32708

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **RETHWILL, MARIAN**
CITY-ST-ZIP **305 VIHLEN ROAD**
SANFORD FL 32771

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **WOLF, BONNIE**
CITY-ST-ZIP **101 VIHLEN ROAD**
SANFORD FL

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **STEIN, DORIS**
CITY-ST-ZIP **2415 ELM AVE.**
SANFORD, FL 32771

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PRINGLE, ELIZA**
CITY-ST-ZIP **P.O. BOX 497**
SANFORD FL 32772

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS **1009 W. 16TH ST**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete
NAME **RS**
STREET ADDRESS **SANDERS, ATHA**
CITY-ST-ZIP **625 MICHIGAN ST**
SANFORD FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **CORRELL, MARGE**
CITY-ST-ZIP **405 LAKE BOULEVARD**
SANFORD, FL 32773

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:

RUTH GAINES
SIGNATURE

2-28-2000

Date

407-323-0253

CR2E037 (9/99)