

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700435

1. Entity Name

PILOT CLUB OF SANFORD FLORIDA, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90084 012 *****61.25

Principal Place of Business

PO BOX 836
SANFORD FL 32771
US

Mailing Address

PO BOX 836
P.O. BOX 836
SANFORD FL 32771
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	T	<input type="checkbox"/> Delete
NAME	GAINES, RUTH	
STREET ADDRESS	702 S OAK AVE	
CITY-ST-ZIP	SANFORD FL 32708	
TITLE	P	<input type="checkbox"/> Delete
NAME	RETHWILL, MARIAN	
STREET ADDRESS	305 VIHLEN ROAD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, DORIS	
STREET ADDRESS	2415 ELM AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINGLE, ELIZA	
STREET ADDRESS	1009 W 16TH ST	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	RS	<input type="checkbox"/> Delete
NAME	SANDERS, ATHA	
STREET ADDRESS	625 MICHIGAN ST	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORRELL, MARGE	
STREET ADDRESS	405 LAKE BLVD	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: RUTH GAINES, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2001
Date

407-323-0253
Daytime Phone #

CR2E037 (10/00)