

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700435

1. Entity Name

PILOT CLUB OF SANFORD FLORIDA, INC.

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

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

TITILE ☒ Change ☐ Addition
NAME S/T
STREET ADDRESS
CITY-ST-ZIP

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

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

TITILE ☐ Delete
NAME D
STREET ADDRESS STEIN, DORIS
CITY-ST-ZIP 2415 ELM AVE
SANFORD FL 32771

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

TITILE ☒ Delete
NAME D
STREET ADDRESS PRINGLE, ELIZA
CITY-ST-ZIP 1009 W. 16TH ST
SANFORD FL 32771

TITILE ☐ Change ☒ Addition
NAME D
STREET ADDRESS PATTERSON, SARA
CITY-ST-ZIP 311 VIHLEN ROAD
SANFORD, FL 32771

TITILE ☒ Delete
NAME RS
STREET ADDRESS SANDERS, ATHA
CITY-ST-ZIP 625 MICHIGAN ST
SANFORD FL

TITILE ☐ Change ☒ Addition
NAME S/T
STREET ADDRESS RUTH GAINES
CITY-ST-ZIP 702 S. OAK AVE.
SANFORD, FL 32771

TITILE ☐ Delete
NAME D
STREET ADDRESS CORRELL, MARGE
CITY-ST-ZIP 405 LAKE BLVD
SANFORD FL 32773

TITILE ☐ Change ☐ 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* RUTH GAINES

4/25/2002

407-323-0253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90124 015 ****61.25

429636



DO NOT WRITE IN THIS SPACE