

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700546

1. Entity Name

PILOT CLUB OF MILTON FLORIDA INC

**FILED**  
May 21, 2000 8:00 am  
Secretary of State

05-21-2000 90007 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4565 SHEFFIELD DR  
PACE FL 32571  
US

4565 SHEFFIELD DR  
PACE FL 32571-1552  
US

2. Principal Place of Business

Milton, FL

3. Mailing Address

5589 Northrop Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Milton, FL 32570

4. FEI Number

59-6173297

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

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

SHEFFIELD, EULENE I  
4565 SHEFFIELD DR  
PACE FL 32571

Name

BARBARA LUSK

Street Address (P.O. Box Number is Not Acceptable)

5589 Northrop Rd.

City

Milton

FL

32570

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

*Barbara Lusk*

Barbara Lusk, Director

04/27/00

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 S ☐ Delete  
NAME JOCILE C. PERRY  
STREET ADDRESS 525 MEADOWLARK LANE  
CITY-ST-ZIP MILTON FL 32570

TITLE P ☒ Change ☐ Addition  
NAME SHIRLEY COFFMAN  
STREET ADDRESS 216 Cedar St.  
CITY-ST-ZIP Milton, FL 32570

TITLE P ☒ Delete  
NAME REKLINSKI, FLORINE  
STREET ADDRESS 1920 BLAKMORE DR  
CITY-ST-ZIP PACE FL

TITLE VP ☒ Change ☐ Addition  
NAME FLORINE REKLINSKI  
STREET ADDRESS 1920 Blakemore Dr.  
CITY-ST-ZIP Pace, FL 32571

TITLE T ☒ Delete  
NAME SHEFFIELD, EULENE  
STREET ADDRESS 4565 SHEFFIELD DR  
CITY-ST-ZIP PACE FL

TITLE T ☒ Change ☐ Addition  
NAME ROBERT MUCHOW  
STREET ADDRESS 6100 Cheyenne Dr.  
CITY-ST-ZIP Milton, FL 32570

TITLE D ☒ Delete  
NAME SMITH, DEBBIE  
STREET ADDRESS 5424 OAK MEADOW DR  
CITY-ST-ZIP MILTON FL

TITLE D ☒ Change ☐ Addition  
NAME Barbara Lusk  
STREET ADDRESS 5589 Northrop Rd.  
CITY-ST-ZIP Milton, FL 32570

TITLE D ☒ Delete  
NAME COFFMAN, SHIRLEY  
STREET ADDRESS 216 CEDAR ST  
CITY-ST-ZIP MILTON FL

TITLE D ☒ Change ☐ Addition  
NAME SUSAN WILLIAMS  
STREET ADDRESS 5657 Trevino Dr.  
CITY-ST-ZIP Milton, FL 32570

TITLE D ☒ Delete  
NAME WILLIAMS, DEAN  
STREET ADDRESS 812 MOCKINGBIRD LN  
CITY-ST-ZIP MILTON FL

TITLE D ☒ Change ☐ Addition  
NAME DELMA STEWART  
STREET ADDRESS 204 Canal St.  
CITY-ST-ZIP Milton, FL 32570

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:

*Barbara Lusk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00

Date

Daytime Phone #

850-623-5764

850-623-3442

CR2E037 (9/99)