

DOCUMENT # 700546  
1. Entity Name  
PILOT CLUB OF MILTON FLORIDA INC

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90060 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4565 SHEFFIELD DR  
MILTON FL 32571  
US

Mailing Address  
5589 NORTHROP RD  
MILTON FL 32570  
US

2. Principal Place of Business  
6100 Cheyenne Drive  
Suite, Apt. #, etc.

3. Mailing Address  
6100 Cheyenne Drive  
Suite, Apt. #, etc.

City & State  
MILTON FL 32570

City & State  
MILTON FL

Zip  
32570

Country  
Somalia

Zip  
32570

Country  
Somalia

4. FEI Number  
59-6173297

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUSK, BARBARA  
5589 NORTHROP RD  
MILTON FL 32570

7. Name and Address of New Registered Agent

Name  
ROBERT F MUCHOW

Street Address (P.O. Box Number is Not Acceptable)  
6100 Cheyenne Drive

City  
MILTON FL

Zip Code  
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  
Robert F Muchow

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3 Jan 2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
S	JOCILE C. PERRY	525 MEADOWLARK LANE	MILTON FL 32570	<input type="checkbox"/>
P	COFFMAN, SHIRLEY	216 CEDAR ST	MILTON FL 32570	<input type="checkbox"/>
VP	REKLINSKI, FLORINE	1920 BLAKEMORE DR	PACE FL 32571	<input type="checkbox"/>
T	MUCHOW, ROBERT	6100 CHEYENNE DR	MILTON FL 32570	<input type="checkbox"/>
D	LUSK, BARBARA	5589 NORTHROP RD	MILTON FL 32570	<input type="checkbox"/>
D	WILLIAMS, SUSAN	5657 TREVINO DR	MILTON FL 32570	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, and all other like empowered.

SIGNATURE: Robert F Muchow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Jan 2001 850-626-2774

Date Daytime Phone #

CR2E037 (10/00)