

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700546

1. Entity Name

PILOT CLUB OF MILTON FLORIDA INC

Principal Place of Business

6100 CHEYENNE DR
MILTON FL 32570
US

Mailing Address

6100 CHEYENNE DR
MILTON FL 32570
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

59-6173297

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

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

TITLE S
NAME Jimmy Arant
STREET ADDRESS 5688 Whispers Woods
CITY-ST-ZIP PACE FL 32571 ☒ Change ☒ Addition

TITLE P
NAME COFFMAN, SHIRLEY
STREET ADDRESS 216 CEDAR ST
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

TITLE D
NAME
STREET ADDRESS 6530 Cedar St
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME REKLINSKI, FLORINE
STREET ADDRESS 1920 BLAKEMORE DR
CITY-ST-ZIP PACE FL 32571 ☒ Delete

TITLE VP
NAME WILLIAMS, CURTIS
STREET ADDRESS 5656 Trevino Drive
CITY-ST-ZIP MILTON FL 32570 ☒ Change ☒ Addition

TITLE T
NAME MUCHOW, ROBERT
STREET ADDRESS 6100 CHEYENNE DR
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

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

TITLE D
NAME LUSK, BARBARA
STREET ADDRESS 5589 NORTHROP RD
CITY-ST-ZIP MILTON FL 32570 ☒ Delete

TITLE T
NAME RICHARD LAMB
STREET ADDRESS 5441 D Byron St
CITY-ST-ZIP MILTON FL 32570 ☒ Change ☒ Addition

TITLE D
NAME WILLIAMS, SUSAN
STREET ADDRESS 5657 TREVINO DR
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-626-2776

CR2E037 (9/01)

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