

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90126 017 \*\*\*\*61.25

**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

**MUCHOW, ROBERT F  
6100 CHEYENNE DR  
MILTON FL 32570**

7. Name and Address of New Registered Agent

Name - **DELFINA M MUCHOW No**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete  
NAME **ARRANT, TAMMY**  
STREET ADDRESS **5688 WHISPENNS WOODS**  
CITY-ST-ZIP **PACE FL 32571**

TITLE **D** ☒ Delete  
NAME **COFFMAN, SHIRLEY**  
STREET ADDRESS **6530 CEDAR ST.**  
CITY-ST-ZIP **MILTON FL 32570**

TITLE **VP** ☐ Delete  
NAME **WILLIAMS, CURTIS**  
STREET ADDRESS **5656 TREVINO DR.**  
CITY-ST-ZIP **MILTON FL 32570**

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

TITLE **T** ☒ Delete  
NAME **LAMB, RICHARD**  
STREET ADDRESS **5441 BYRON ST.**  
CITY-ST-ZIP **MILTON FL 32570**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Change ☒ Addition  
NAME **DELFINA M MUCHOW**  
STREET ADDRESS **6100 Cheyenne Drive**  
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **D** ☒ Change ☒ Addition  
NAME **Diane Ingvaldstad**  
STREET ADDRESS **7715 LUND ROAD**  
CITY-ST-ZIP **MILTON FL 32570**

TITLE **P** ☒ Change ☐ Addition  
NAME **SAME -**

TITLE **D** ☒ Change ☐ Addition  
NAME **- SAME -**

TITLE **T** ☒ Change ☒ Addition  
NAME **SMITH, Debbie**  
STREET ADDRESS **5424 ONK**

TITLE **VP** ☒ Change ☐ Addition  
NAME **- SAME -**

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**

**4/2/2003**

**4/2/2003**

CR2E037 (10/02)