

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700823

1. Entity Name

PILOT CLUB OF DELAND FLORIDA INC

Principal Place of Business

4285 AUDUBON AVENUE
DELEON SPRINGS FL 32130
US

Mailing Address

P.O. BOX 321
DELEON SPRINGS FL 32130
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

59-6163661

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

LUCAS, KAREN
4285 AUDOBON AVE
DELEON SPRINGS FL 32130

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 P ☐ Delete
NAME JEFFERSON, JOANNE
STREET ADDRESS 1016 PEARL TREE RD.
CITY-ST-ZIP DELTONA FL 32725-4805

TITLE ☐ Change ☒ Addition
NAME Anita DeGonia
STREET ADDRESS 11 Spring Ridge Dr
CITY-ST-ZIP DELTONA, FL 32713

TITLE PE ☐ Delete
NAME EULER, JEAN
STREET ADDRESS 22332 LIVE OAK RANCH
CITY-ST-ZIP UMATILLA FL 32784

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

TITLE T ☐ Delete
NAME LUCAS, KAREN
STREET ADDRESS 4285 AUDUBON AVENUE
CITY-ST-ZIP DELEON SPRINGS FL 32130

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

TITLE D ☐ Delete
NAME BEHRENS, JANE
STREET ADDRESS 905 N. BOSTON AVENUE
CITY-ST-ZIP DELAND FL 32724

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

TITLE D ☐ Delete
NAME WELEBOB, ELIZABETH
STREET ADDRESS 1467 SAXON BLVD.
CITY-ST-ZIP DELTONA FL 32728

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

TITLE D ☐ Delete
NAME SCHOOLMASTER, MARY ELLEN
STREET ADDRESS P.O. BOX 5979
CITY-ST-ZIP DELTONA FL 32728-5979

TITLE ☐ 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:

KAREN M. LUCAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01 904-985-5702

Date

Daytime Phone #

CR2E037 (10/00)

0009169