

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700861

1. Entity Name

PILOT CLUB OF ORLANDO-WINTER PARK, INC.

Principal Place of Business

Mailing Address

1407 QUAILEY AVE.
ORLANDO FL 32853
US

P.O. BOX 536442
ORLANDO FL 32853-6442
US

2. Principal Place of Business

2314 E. Crystal Lake Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-2077904

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

Country

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

BERYLENE WAGNER
2053 SIESTA LANE
ORLANDO FL 32804

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
NAME TAYLOR, LORENE
STREET ADDRESS 1303 RIDGECREST RD
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE D
NAME RIZZI, BETTY
STREET ADDRESS 528 ETNA CT., #106
CITY-ST-ZIP CASSELBERRY FL

TITLE P
NAME Lynn Murphy
STREET ADDRESS 203 W. Winter Park Street
CITY-ST-ZIP Orlando, FL 32804 ☐ Change ☒ Addition

TITLE S
NAME ATKINS, NELL M
STREET ADDRESS 1407 QUAILEY AVENUE
CITY-ST-ZIP ORLANDO FL

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

TITLE D
NAME ALLEN, CAROLYN
STREET ADDRESS 8657 EL PORTAL COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE T
NAME Rose Marie Martin
STREET ADDRESS 2314 E. Crystal Lake Avenue
CITY-ST-ZIP Orlando, FL 32806 ☐ Change ☒ Addition

TITLE D
NAME WAGNER, BERYLENE
STREET ADDRESS 2053 SIESTA LANE
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE T
NAME STEVENS, DORETTA
STREET ADDRESS 1407 QUATLEY AVENUE
CITY-ST-ZIP ORLANDO FL 32804

TITLE D
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

4-17-00 407-841-4864

Date

Daytime Phone #

CR2E037 (9/99)