

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90088 050 *****61.25

DOCUMENT # 700904

1. Entity Name

PILOT CLUB OF TAMPA, FLORIDA, INC.

Principal Place of Business

**3316 CARRINGTON
TAMPA FL 33611**

Mailing Address

**3316 CARRINGTON
TAMPA FL 33611-2730**

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

59-6161313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCALISTER, ELIZABETH
3316 CARRINGTON
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name

Biegert, Dorothy

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

3804 Shoreside Cr.

City

Tampa,

FL

Zip Code
33624

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

DOROTHY BIEGERT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

**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 | PRINDLE, EMI | <input checked="" type="checkbox"/> Delete |
| NAME | PRINDLE, EMI | |
| STREET ADDRESS | PO BOX 6562, MACDILL AFB | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | MCALISTER, ELIZABETH | <input checked="" type="checkbox"/> Delete |
| NAME | MCALISTER, ELIZABETH | |
| STREET ADDRESS | 3316 CARRINGTON ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | BIEGERT, DOROTHY | <input type="checkbox"/> Delete |
| NAME | BIEGERT, DOROTHY | |
| STREET ADDRESS | 3804 SHORESIDE CIRCLE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | WALDBART, ELAINE | <input checked="" type="checkbox"/> Delete |
| NAME | WALDBART, ELAINE | |
| STREET ADDRESS | 3817 N OAK DR #H22 | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | ERK, LOUISE | <input checked="" type="checkbox"/> Delete |
| NAME | ERK, LOUISE | |
| STREET ADDRESS | 4315 AEGEAN DR #154C | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | WHITE, KATHY | <input type="checkbox"/> Delete |
| NAME | WHITE, KATHY | |
| STREET ADDRESS | 6308 N HABANA APT B | |
| CITY-ST-ZIP | TAMPA FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | PE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Midgett, Joan | |
| STREET ADDRESS | 10310 Carrollwood Ct. #36 | |
| CITY-ST-ZIP | Tampa, FL | |
| TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Niklas, Paula | |
| STREET ADDRESS | 3003 Euclid Ave. | |
| CITY-ST-ZIP | Tampa, FL | |
| TITLE | Biegert, Dorothy | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Biegert, Dorothy | |
| STREET ADDRESS | 3804 Shoreside Circle | |
| CITY-ST-ZIP | Tampa, FL | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sutton, Martha | |
| STREET ADDRESS | 4418 Carrollwood Village Dr. | |
| CITY-ST-ZIP | Tampa, FL | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Morse, Katherine | |
| STREET ADDRESS | 1521 W. Park Lane | |
| CITY-ST-ZIP | Tampa, FL | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | White, Kathy | |
| STREET ADDRESS | 6308 N Habana Apt B | |
| CITY-ST-ZIP | Tampa, FL | |

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:

DOROTHY BIEGERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 813 961-0659

CR2E037 (9/99)