

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725253

1. Entity Name

PILOT CLUB OF GREATER PENSACOLA, INC.

**FILED**  
Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90127 042 \*\*\*\*61.25

Principal Place of Business 181 SEMINOLE TRAIL PENSACOLA FL 32506 US	Mailing Address 181 SEMINOLE TRAIL PENSACOLA FL 32506-3553 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 181 Seminole trail Suite, Apt. #, etc.
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City & State Pensacola Fla	City & State Pensacola, Fl.
Zip Country	Zip Country
32506	Escambia



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1707112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIRDNER, JEAN 181 SEMINOLE TRAIL PENSACOLA FL 32506	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Same 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 Jean Girdner Jean Girdner, Treasurer 01-04-00  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE <input type="checkbox"/> Delete NAME <input checked="" type="checkbox"/> Change to Director WOODS, CAROL STREET ADDRESS 5955 ADELYN RD CITY-ST-ZIP PENSACOLA FL 32504	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME <input checked="" type="checkbox"/> Change to President MENGENS, SYLVIA STREET ADDRESS 1150 COMMON WEALTH RD CITY-ST-ZIP PENSACOLA FL 32504	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP GIRDNER, JEAN 181 SEMINOLE TRAIL PENSACOLA FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP COONS, MERLESE 45 MANOR DRIVE PENSACOLA FL 32507	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP Director Margo Martin 582 Hummingbird Drive Pensacola, Fl. 32514
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP DODGE, NORMA 4745 TRADEWINDS DR. PENSACOLA FL 32514	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP DAVIS, RUBY 2420 BAYOU BLVD PENSACOLA FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE [Signature] 02-04-99 850-453-3165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)