

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90110 025 \*\*\*\*61.25

DOCUMENT # 735224

1. Entity Name

PILOT CLUB OF ORMOND BEACH, INC.

Principal Place of Business

395 S ATLANTIC  
#204  
ORMOND BEACH FL 32176  
US

Mailing Address

PO BOX 2873  
ORMOND BEACH FL 32175  
US

80043275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

239 Ocean Shore Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ormond Beach FL.

City & State

4. FEI Number

23-7251071

Applied For

Not Applicable

Zip

Country

32176 US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Change Johnson, Charla  
PRYOR, MARION  
140 S. ATLANTIC AVE  
ORMOND BEACH FL 32176  
239 Ocean Shore Blvd  
Ormond Beach, FL  
32176

7. Name and Address of New Registered Agent

Name Johnson Charla  
Street Address (P.O. Box Number Is Not Acceptable)  
239 Ocean Shore Blvd  
Ormond Beach FL 32176

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

Charla Johnson

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

TITLE D  
NAME COLEMAN, MILDRED  
STREET ADDRESS 110-3 LIMWOOD PLACE  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE T  
NAME PRYOR, MARION  
STREET ADDRESS 143 ORCHARD LANE  
CITY-ST-ZIP ORMOND BEACH FL 32416 ☒ Delete

TITLE RS  
NAME FANNING, NANCY  
STREET ADDRESS 102 UNIVERSITYH CIRCLE  
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ Delete

TITLE P  
NAME BEVILLE, SHIRLEY  
STREET ADDRESS WOODLANDS  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE D  
NAME LITTLE, ESTHER  
STREET ADDRESS 67 NICHOLAS CIRCLE  
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change to  
NAME Vice President/President  
STREET ADDRESS  
CITY-ST-ZIP Elect ☒ Change ☐ Addition

TITLE T  
NAME Johnson, Charla  
STREET ADDRESS 239 Ocean Shore Blvd.  
CITY-ST-ZIP Ormond Beach FL 32176 ☐ Change ☒ Addition

TITLE D  
NAME Gettel, Joyce  
STREET ADDRESS 46 Crestwood Circle  
CITY-ST-ZIP Ormond Beach FL 32174 ☐ Change ☒ Addition

TITLE Change  
NAME Shirley  
STREET ADDRESS Beville to D ☒ Change ☐ Addition

TITLE D  
NAME Meredith, Shirley  
STREET ADDRESS 56 Soco Trail  
CITY-ST-ZIP Ormond Beach FL 32174 ☐ Change ☒ Addition

TITLE P  
NAME Capps, Marilyn  
STREET ADDRESS 55 Raintree Lane  
CITY-ST-ZIP Ormond Beach FL 32174 ☐ 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:

Charla Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 677-8374

0010085

CR2E037 (10/00)