

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90411 048 ****61.25

DOCUMENT # 735224

1. Entity Name

PILOT CLUB OF ORMOND BEACH, INC.

Principal Place of Business

239 OCEAN SHORE BLVD
 ORMOND BEACH FL 32176
 US

Mailing Address

PO BOX 2873
 ORMOND BEACH FL 32175
 US

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

4. FEI Number

23-7251071

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

JOHNSON, CHARLA
239 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

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

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

TITLE T
 NAME JOHNSON, CHARLA ☐ Delete *OK*
 STREET ADDRESS 239 OCEAN SHORE BLVE
 CITY-ST-ZIP ORMOND BEACH FL 32176

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

TITLE D
 NAME GERREL, JOYCE ☐ Delete
 STREET ADDRESS 46 CRESTWOOD CIR
 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE *Spelling of last name* ☒ Change ☐ Addition
 NAME Gettel
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE *Recording Secretary* ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME MEREDITH, SHIRLEY ☐ Delete *OK*
 STREET ADDRESS 58 SOCO TRAIL
 CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE P
 NAME CAPPS, MARILYN ☐ Delete
 STREET ADDRESS 55 RAIN TREE LN
 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE *Director* ☒ 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:

CHARLA JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(386) 677-8374

DATE Daytime Phone #

CR2E037 (9/01)