

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90025 026 *****61.25

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DOCUMENT # 739338

1. Entity Name

PILOT CLUB OF MARCO ISLAND, INC.

Principal Place of Business

P.O. BOX 16
MARCO ISLAND FL 34146

Mailing Address

P.O. BOX 16
MARCO ISLAND FL 34146

2. Principal Place of Business

P.O. Box 16

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 16

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34146

Country

Collier

City & State

Marco Island, FL

Zip

34146

Country

Collier

4. FEI Number

23-7427438

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEÑA-
EPNA-ESCOBAR, MARION
921 SEAGRAPE DR
#204
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name: Marion Peña-Escobar
Street Address (P.O. Box Number is Not Acceptable)
921 Seagrape Dr. #204
City: Marco Island FL Zip Code: 34145

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: Marion Peña-Escobar Treasurer 1-31-01
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	RS	<input checked="" type="checkbox"/> Delete
NAME	MCCULLEY, DARYL	
STREET ADDRESS	1190 EMBER CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PENA-ESCOBAR, MARION	
STREET ADDRESS	921 SEAGRAPE DR #204	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, VALERIE J	
STREET ADDRESS	355 HENDERSON CT.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	PURCELL, JANE	
STREET ADDRESS	214 MEADOWLARK COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	PE	<input type="checkbox"/> Delete
NAME	ZEIGLER, BRENDA	
STREET ADDRESS	20 TAHITI RD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURPHY, JUDITH	
STREET ADDRESS	315 COLONIAL	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Jimmie Ann Christian VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 1447	
STREET ADDRESS	Marco Island, FL 34146	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Derwin	
STREET ADDRESS	71 Hickory Ct.	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Traffon	
STREET ADDRESS	252 Shadowlane Ct.	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelley Hollingshead	
STREET ADDRESS	1332 Andros Ave	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gayle Stein	
STREET ADDRESS	800 Apple Ct.	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Waren Hesson	
STREET ADDRESS	156 Palmetto Dunes Cr.	
CITY-ST-ZIP	Naples, FL 34113	

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: Marion Peña-Escobar 1-31-01 (941) 389-8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)