

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740151

1. Entity Name

PILOT CLUB OF ORANGE PARK, FLORIDA, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90012 010 ****61.25

Principal Place of Business

6497 RIVER POINT DRIVE
GREEN COVE SPRINGS FL 32043
US

Mailing Address

6497 RIVER POINT DRIVE
GREEN COVE SPRINGS FL 32043-3749
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

51-0142658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABSHIRE, MARGARET
6497 RIVER POINT DRIVE
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete
MELTON, SANDRA
STREET ADDRESS 4966 HARVEY GRANT ROAD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE NAME ☐ Delete
S BONNER, CAROL
STREET ADDRESS 81 PREAKNESS PLACE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE NAME ☐ Delete
D ABSHIRE, MARGARET
STREET ADDRESS 960 PLAINFIELD AVENUE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE NAME ☐ Delete
D CHAFIN, JANE
STREET ADDRESS 437 BLAKE AVENUE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE NAME ☐ Delete
VP RENNINGER, PHYLLIS
STREET ADDRESS 2347 OAK STREET
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE NAME ☐ Delete
P GRANTHAM, MARGARET
STREET ADDRESS 6497 RIVER POINT DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra Melton 4/28/2000 219 134