

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740236

1. Entity Name

PILOT CLUB OF GREATER GAINESVILLE, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90225 040 \*\*\*\*61.25

Principal Place of Business PO BOX 41 EARLETON FL 32631 US	Mailing Address PO BOX 41 EARLETON FL 32631-0041 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-0211925</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TAYLOR, LESLIE**  
**21626 NE 115TH AVE**  
**EARLETON FL 32631**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>TAYLOR, LESLIE</b>
STREET ADDRESS	<b>PO BOX 41</b>
CITY-ST-ZIP	<b>EARLETON FL 32631</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARTIN, ANDRA</b>
STREET ADDRESS	<b>3511 NW 51ST ST</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32607</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CAPPE, KAREN</b>
STREET ADDRESS	<b>2005 NW 38 DR</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>TURNER, TERESA</b>
STREET ADDRESS	<b>9210 SW 84TH AVE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MOUNT, LAVELLE</b>
STREET ADDRESS	<b>4903 NW 41 ST</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>OZOLS, AINA</b>
STREET ADDRESS	<b>RR 15 BOX 3750</b>
CITY-ST-ZIP	<b>LAKE CITY FL 32024</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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]* **RED** 5/1/00 352-378-2511  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)