

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90257 005 \*\*\*\*61.25

0010301

**DOCUMENT # 740236**

1. Entity Name  
**PILOT CLUB OF GREATER GAINESVILLE, INC.**



Principal Place of Business  
**301 N MAIN STREET  
GAINESVILLE FL 32601  
US**

Mailing Address  
**3511 NW 51ST STREET  
GAINESVILLE FL 32606  
US**

2. Principal Place of Business  
**3511 NW 51st Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**2006 NW 27th Street**  
Suite, Apt. #, etc.

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

Zip  
**32606**

Country

Zip  
**32605**

Country

4. FEI Number **59-0211925**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MARTIN, ANDRA  
3511 NW 51ST STREET  
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name  
**Barbara B. Hall**

Street Address (P.O. Box Number is Not Acceptable)  
**2006 NW 27th Street**

City  
**Gainesville**

FL

Zip Code  
**32605**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **BARBARA B. HALL** *Barbara B. Hall* **4/26/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, TERESA</b>	
STREET ADDRESS	<b>9210 SW 84TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, ANDRA</b>	
STREET ADDRESS	<b>3511 NW 51ST STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TAYLOR, LESLIE</b>	
STREET ADDRESS	<b>P.O BOX 41</b>	
CITY-ST-ZIP	<b>EARLETON FL 32631</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TURNER, TERESA</b>	
STREET ADDRESS	<b>2006 NW 27TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TAYLOR, JAY</b>	
STREET ADDRESS	<b>P.O BOX 41</b>	
CITY-ST-ZIP	<b>EARLETON FL 32631</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARDY, KIM</b>	
STREET ADDRESS	<b>11103 SW 11TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Turner, Teresa</b>	
STREET ADDRESS	<b>9210 SW 84th Avenue</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Martin, Andra</b>	
STREET ADDRESS	<b>3511 NW 51st Street</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara B. Hall</b>	
STREET ADDRESS	<b>2006 NW 27th Street</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32605</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Karen Cappe</b>	
STREET ADDRESS	<b>2005 NW 38th Drive</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32605</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sherry Califf</b>	
STREET ADDRESS	<b>5934 NW 37th Drive</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Liz Stark</b>	
STREET ADDRESS	<b>6436 NW 38th Terrace</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32653</b>	

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: *Karen Cappe* **Karen Cappe** **Secretary** **4/28/03** **352-264-2020**

CR2E037 (10/02)