

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90162 039 ****61.25

DOCUMENT # N01000006313

1. Entity Name
BLUE HERON PILOT CLUB, INC.



Principal Place of Business

**POST OFFICE BOX 484
BUSHNELL FL 33513-0029**

Mailing Address

**POST OFFICE BOX 484
BUSHNELL FL 33513-0029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3697752**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NICHOLS, SIERRA
414 PARKHILL AVENUE
BUSHNELL FL 33513**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **LANE, KATHRYN**
STREET ADDRESS **POST OFFICE BOX 426**
CITY-ST-ZIP **COLEMAN FL 33521**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **KATHRYN LANE**
STREET ADDRESS **2838 CR 762**
CITY-ST-ZIP **Webster, FL 33597-3804**

TITLE **PD** ☒ Delete
NAME **CHRISTENSEN, CHERYL**
STREET ADDRESS **1263 CR 650**
CITY-ST-ZIP **BUSHNELL FL 33513**

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

TITLE **TD** ☐ Delete
NAME **NICHOLS, M. SIERRA**
STREET ADDRESS **414 PARKHILL AVENUE**
CITY-ST-ZIP **BUSHNELL FL 33513**

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

TITLE **D** ☒ Delete
NAME **SEYBOLD, STEPHANIE**
STREET ADDRESS **4269 W. CR 48**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **President** ☐ Change ☒ Addition
NAME **Christina Thibodeau**
STREET ADDRESS **1209 CR 542 E**
CITY-ST-ZIP **Bushnell, FL 33513**

TITLE **D** ☐ Delete
NAME **FULLER, DELL**
STREET ADDRESS **7052 CR 575**
CITY-ST-ZIP **BUSHNELL FL 33513**

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

TITLE **D** ☒ Delete
NAME **LOVETT, PATRICIA**
STREET ADDRESS **8298 S W 60TH AVENUE**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **PRESIDENT-ELECT** ☐ Change ☒ Addition
NAME **ANNE BATCHELDER**
STREET ADDRESS **4272 S. Hwy 301 Lot 240**
CITY-ST-ZIP **Bushnell, FL 33513**

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:

S. M. Lovett

4/23/03 3527934249

CR2E037 (10/02)