

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90082 008 ****61.25

DOCUMENT # NO1000008966

1. Entity Name

PILOT CLUB OF THE SUNCOAST, INC.

Principal Place of Business

**5705 45TH ST. E., #43
 BRADENTON FL 34203**

Mailing Address

**5705 45TH ST. E., #43
 BRADENTON FL 34203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

69-0004014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**OVESON, BARBARA
 5705 45TH ST. E., #43
 BRADENTON FL 34203**

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

Barbara Oveson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/4/02

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	DE P	<input type="checkbox"/> Delete
NAME	OVESON, BARBARA	
STREET ADDRESS	5705 45TH ST. E., #43	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DE P T	<input type="checkbox"/> Delete
NAME	WELLS, TERRY	
STREET ADDRESS	2501 LITTLE COUNTRY RD.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, GERRY	
STREET ADDRESS	11601 US 301 N.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINDA DONAHUE	<input checked="" type="checkbox"/> ADD
STREET ADDRESS	PO BOX 214	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARGARET SMELSER	<input checked="" type="checkbox"/> ADD
STREET ADDRESS	4606 8th ST CT E	
CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARY JANE Silloway	<input checked="" type="checkbox"/> ADD
STREET ADDRESS	511 64th Ave Terr	
CITY-ST-ZIP	BRADENTON, FL 34207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN WILSON	
STREET ADDRESS	511 64th Ave Terrace West	
CITY-ST-ZIP	BRADENTON, FL 34207	
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:

Barbara Oveson

3/4/02 941-256-6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)