2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N06596** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** PILOT CLUB OF SUMTER COUNTY, INC. 03-04-2000 90096 038 ****61.25 Principal Place of Business Mailing Address P.O. BOX 580TH PO BOX 580 WILDWOOD FL 34785-0580 WILDWOOD FL 34785 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. 'FEI Number City & State City & State 59-2351393 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, GWEN, N. . 708 NORTH MAIN STREET WILDWOOD FL 34785 Zip Code City FL 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Change Change ☐ Addition ☐ Delete TITLE MASON, SARAH NAME NAME 515 N 45 301 STREET ADDRESS 305 N. US 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLEMAN FL 33521 Change Change ☐ Addition TITLE P TITLE Delete COX. MAXINE NAME NAME STREET ADDRESS STREET ADDRESS 4914 CR 117A CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 **Change** Addition TITLE Delete D TITLE JOCHUM, DIANÉ NAME NAME STREET ADDRESS 9260 CR 125B STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WILDWOOD FL 34785 ☐ Change ☐ Addition Delete TITLE TITLE GREGORY, SHELLY NAME NAME STREET ADDRESS STREET ADDRESS 27 N TYLER ST. CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS FL 34465** ☐ Change ☐ Addition Delete TITLE FOWLER, GRACE NAME NAME STREET ADDRESS STREET ADDRESS 9828 CR 121 CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 ☐ Change Delete ☐ Addition TITLE THOMAS, MARY NAME NAME 349 CR 532E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BUSHNELL FL 33513 12. I hereby certify that the information supplied with this filling 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #

changed, or on an attachment with an address, with all other like empowered

HHACHMENT DHN06596 DU28463

PE DEUEL, LINDA 7473 CR 139 WILDWOOD, FL 34785

S DUPUIS, JACQUELYN 32734 VISTA AVE LEESBURG,FL 34788

D MILTON, LOUISE 9512 N 45 301 WILDWOOD, FL 34785

D SMITH, GWEN 708 N MAIN STREET WILDWOOD, FL 34785

D SMITH, KAREN 308 HAZEL STREET WILDWOOD, FL 34785

WRIGHT, JEAN 24 ROBIN ROAD WILDWOOD, FL 34785