

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90055 014 \*\*\*\*61.25

0002759

**DOCUMENT # N06596**

1. Entity Name

**PILOT CLUB OF SUMTER COUNTY, INC.**

Principal Place of Business

P.O. BOX 580TH  
WILDWOOD FL 34785

Mailing Address

PO BOX 580  
WILDWOOD FL 34785  
US

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

**59-2351393**

Applied For

Not Applicable

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

**SMITH, GWEN N.  
708 NORTH MAIN STREET  
WILDWOOD FL 34785**

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

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MASON, SARAH 515 N 45 301 COLEMAN FL 33521</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COX, MAXINE 4914 CR 117A WILDWOOD FL 34785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOCHUM, DIANE 9260 CR 125B WILDWOOD FL 34785</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOWLER, GRACE 9828 CR 121 WILDWOOD FL 34785</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Sarah H. Mason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/01*  
Date

*352-793-5950*  
Daytime Phone #

CR2E037 (10/00)

938391 *Attestment*

Document #N06596

Pilot Club of Sumter County, Inc

P

Deuel, Linda  
7473 CR 139  
Wildwood, Fl 34785

D

Perry, Betty  
202 Montoya Drive  
Lady Lake, Fl 32159

V

Holden, Linda  
4766 CR 118  
Wildwood, Fl 34785

D

Allis, Leta  
8515 Central Avenue  
Coleman, Fl 33521

S

Wright, Jean  
24 Robin Road  
Wildwood, Fl 34785

D

Smith, Gwen  
708 N Main St  
Wildwood, Fl 34785

D

Bernard, Beatrice  
604 Lee Street  
Wildwood, Fl 34785

D

Moore, Iris  
7246 E SR44  
Wildwood, Fl 34785