

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90144 009 ****61.25

DOCUMENT # N06596

1. Entity Name

PILOT CLUB OF SUMTER COUNTY, INC.



Principal Place of Business

P.O. BOX 580
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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. 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

TITILE **T** ☒ Delete
NAME **MARTIN, RUTH**
STREET ADDRESS **11919 HWY 301**
CITY-ST-ZIP **OXFORD FL 34484**

TITILE **D** ☐ Delete
NAME **MOORE, IRIS**
STREET ADDRESS **RAILS END HWY 443 LOT 24W**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITILE **D** ☐ Delete
NAME **MILTON, LOUISE**
STREET ADDRESS **9512 N US HWY 301**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITILE **D** ☒ Delete
NAME **BERNARD, BEATRICE**
STREET ADDRESS **604 LEE STREET**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE **T** ☒ Change ☐ Addition
NAME **Leta Allis**
STREET ADDRESS **P.O. Box 543**
CITY-ST-ZIP **Coleman FL 33521**

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

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

TITILE **D** ☐ Change ☐ Addition
NAME **Diane Jochum**
STREET ADDRESS **9260 County Road 125B**
CITY-ST-ZIP **Wildwood FL 34785**

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

TITILE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Leta Allis

3-22-03

CR2E037 (10/02)