2000 UNIFORM BUSINESS REPORT (UBR)

4/7

DOCUMENT # N11788

1. Entity Name

PILOT CLUB OF PORT ORANGE, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

04-07-2000 90032 044 ****61.25

Principal Place of Business	Mailing Address
C/O BELINDA HAWKINS 3860 S. NOVA RD. PORT ORANGE FL 32127-4949 US	4894 ATLANTIC AVE PONCE INTET FL 32127-7250 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2468011 — 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
LIMA, STELLA 4894 SOUTH ATLANTIC AVE PONCE INTET FL 32127	Name: Gloria Shaw Street Address (P.O. Box Number is Not Acceptable): 761 Renegade Lane City: Port Orange FL Zip Code: 32127

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: Gloria Tortora Shaw — DATE: 5-1-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Func 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: ST NAME: GLORIA, SHAW STREET ADDRESS: 761 RENEGADE LANE CITY-ST-ZIP: PORT ORANGE FL 32127	☒ Delete	TITLE: ST NAME: Jan Johnson STREET ADDRESS: 610 Dunlawton Ave ste 2 CITY-ST-ZIP: Port Orange, FL 32127	☐ Change ☒ Addition
TITLE: T NAME: MILLER, NADINA STREET ADDRESS: 930 TALL PINE DR. CITY-ST-ZIP: PORT ORANGE FL 32197	☒ Delete	TITLE: D NAME: Stella Lima STREET ADDRESS: 4894 South Atlantic Ave CITY-ST-ZIP: Ponce Inlet, FL 32127	☐ Change ☒ Addition
TITLE: VPT NAME: HARKINS, MONA STREET ADDRESS: 1184 KEY LARGO CIRCLE CITY-ST-ZIP: PORT ORANGE FL 32124	☒ Delete	TITLE: T NAME: Doreen Geary STREET ADDRESS: 481 Oakland Park Blvd CITY-ST-ZIP: Port Orange FL 32127	☐ Change ☐ Addition
TITLE: D NAME: WING, EILEEN STREET ADDRESS: 701 BRECKENRIDGE DR. CITY-ST-ZIP: PORT ORANGE FL 32127	☐ Delete	TITLE: VPT NAME: STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: D NAME: HAWKINS, BELINDA STREET ADDRESS: 820 MOCKINGBIRD DR CITY-ST-ZIP: PORT ORANGE FL 32127	☒ Delete	TITLE: D NAME: Delores Opfer STREET ADDRESS: 2041 Red Robin Dr. CITY-ST-ZIP: Daytona Beach, FL 32124	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ 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: Doreen M. Geary SIGNATURE REQUIRED — Date: 4/4/00 — Daytime Phone #: 904-238-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)