

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11788

1. Entity Name

PILOT CLUB OF PORT ORANGE, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90041 028 ****61.25

Principal Place of Business

C/O BELINDA HAWKINS
3860 S. NOVA RD.
PORT ORANGE FL 32127-4949
US

Mailing Address

4894 ATLANTIC AVE
PONCE INTET FL 32127
US

953651



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2468011

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHAW, GLORIA
761 RENEGADE LANE
DAYTONA BEACH FL 32127

Name

Wing, EILEEN

Street Address (P.O. Box Number is Not Acceptable)

701 BRECKENRIDGE DR.

Port Orange

City

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

Eileen Wing

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/01

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
ST
GLORIA, SHAW ☐ Delete
761 RENEGADE LANE
PORT ORANGE FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition
Shaw, Gloria
761 RENEGADE LANE
Port Orange, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MILLER, NADINA ☐ Delete
930 TALL PINE DR.
PORT ORANGE FL 32197

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
HARKINS, MONA ☐ Delete
1184 KEY LARGO CIRCLE
PORT ORANGE FL 32124

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WING, EILEEN ☐ Delete
701 BRECKENRIDGE DR.
PORT ORANGE FL 32127

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAWKINS, BELINDA ☐ Delete
820 MOCKINGBIRD DR
PORT ORANGE FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE OF PERSON SHAW

4-10-01

(386) 788-5022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)