2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-21-2002 90039 017 ****61.25

- 72139

DO NOT WRITE IN THIS SPACE

DOCUMENT # N11788

1. Entity Name

PILOT CLUB OF PORT ORANGE, INC.

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 US

2. Principal Place of Business	3. Mailing Address
701 BRECKENRIDGE DRIVE	701 BRECKENRIDGE DRIVE
Suite, Apt. #, etc. C/O EILEEN WING	Suite, Apt. #, etc. C/O EILEEN WING
City & State PORT ORANGE, FLORIDA	City & State PORT ORANGE, FLORIDA
Zip: 32127 / Country: U S A	Zip: 32127 / Country: U S A

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
WING, EILEEN 701 BRECKENRIDGE DRIVE PORT ORANGE FL 32127	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: D NAME: GLORIA, SHAW STREET ADDRESS: 761 RENEGADE LANE CITY-ST-ZIP: PORT ORANGE FL 32127 ☒ Delete	TITLE: Vice President / Director NAME: Shirley Jeter STREET ADDRESS: 5808 Clover Lane 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: Director NAME: Jan Johnson STREET ADDRESS: 610 Dunlawton Suite #2 CITY-ST-ZIP: Port Orange, Fl 32127 ☐ Change ☒ Addition
TITLE: VPT NAME: HARKINS, MONA STREET ADDRESS: 1184 KEY LARGO CIRCLE CITY-ST-ZIP: PORT ORANGE FL 32124 ☒ Delete	TITLE: Secretary NAME: Diane Kaiser STREET ADDRESS: 6218 Yosemite Drive 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: President NAME: Eileen Wing STREET ADDRESS: 701 Breckenridge Drive CITY-ST-ZIP: Port Orange, Fl 32127 ☒ Change ☐ Addition
TITLE: D NAME: HAWKINS, BELINDA STREET ADDRESS: 820 MOCKINGBIRD DR CITY-ST-ZIP: PORT ORANGE FL 32127 ☒ Delete	TITLE: Director NAME: Mary Jane Severini STREET ADDRESS: 5935 Park Ridge Circle CITY-ST-ZIP: Port Orange, Fl 32127 ☐ 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: Yvonne Wood SIGNATURE REQUIRED — Yvonne Wood, Treasurer — January 10, 2002 — 386 428-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)