1/21

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-21-2002 90039 017 ****61.25

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

- 72139

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLORIA, SHAW 761 RENEGADE LANE PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Director Shirley Jeter 5808 Clover Lane Port Orange, Fl 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, NADINA 930 TALL PINE DR. PORT ORANGE FL 32197	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jan Johnson 610 Dunlawton Suite #2 Port Orange, Fl 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HARKINS, MONA 1184 KEY LARGO CIRCLE PORT ORANGE FL 32124	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Diane Kaiser 6218 Yosemite Drive Port Orange, Fl 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WING, EILEEN 701 BRECKENRIDGE DR. PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Eileen Wing 701 Breckenridge Drive Port Orange, Fl 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, BELINDA 820 MOCKINGBIRD DR PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mary Jane Severini 5935 Park Ridge Circle Port Orange, Fl 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Yvonne Wood, Treasurer January 10, 2002 386 428-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #