

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90201 017 ****61.25

DOCUMENT # N11788

1. Entity Name
PILOT CLUB OF PORT ORANGE, INC.



Principal Place of Business
**701 BRECKENRIDGE DRIVE
C/O NEILEEN WING
FORT ORANGE FL 32127
US**

Mailing Address
**701 BRECKENRIDGE DRIVE
C/O NEILEEN WING
FORT ORANGE FL 32127
US**

00010004



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5808 CLOVER LANE

3. Mailing Address
5808 CLOVER LANE

Suite, Apt. #, etc.
C/O SHIRLEY JETER

Suite, Apt. #, etc.
C/O SHIRLEY JETER

City & State
PORT ORANGE FL

City & State
PORT ORANGE FL

4. FEI Number **59-2468011**

Applied For
Not Applicable

Zip
32127

Country
US

Zip
32127

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WING, EILEEN
701 BRECKENRIDGE DRIVE
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name
JETER, SHIRLEY
Street Address (P.O. Box Number is Not Acceptable)
5808 CLOVER 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Shirley Jeter* President

1/22/03
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

TITLE	VD	<input type="checkbox"/> Delete
NAME	JETER, SHIRLEY	
STREET ADDRESS	5808 CLOVER LANE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAISER, DIANE	
STREET ADDRESS	6218 YOSEMITE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32197	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WING, EILEEN	
STREET ADDRESS	701 BRECKENRIDGE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	D	<input type="checkbox"/> Delete
NAME	WING, EILEEN	
STREET ADDRESS	701 BRECKENRIDGE DR.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEVERINI, MARY JANE	
STREET ADDRESS	5935 PARK RIDGE CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JAN	
STREET ADDRESS	610 DUNLAWTON SUITE 2	
CITY-ST-ZIP	PORT ORANGE FL 32127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETER, SHIRLEY	
STREET ADDRESS	5808 CLOVER LANE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, DIANE	
STREET ADDRESS	6218 YOSEMITE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STELLA LIMA	
STREET ADDRESS	4894 S. ATLANTIC AVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAN	
STREET ADDRESS	832 DUNLAWTON SUITE # C	
CITY-ST-ZIP	PORT ORANGE FL 32127	

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**

1/8/03 (386)756-7761

CR2E037 (10/02)