

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90062 007 \*\*\*\*61.25

**DOCUMENT # N12891**

1. Entity Name

**PILOT CLUB OF ZEPHYRHILLS, FLORIDA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 624  
 ZEPHYRHILLS FL 33539  
 US

P.O. BOX 624  
 ZEPHYRHILLS FL 33539  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

LILLIBRIDGE, DONNA  
 7300 CHENKINS RD  
 ZEPHYRHILLS FL 33540

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

35445 Lake Edward Drive

City Zephyrhills FL Zip Code 33541

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 Fran McLeod, President Elect

4-30-01

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  Delete  
 NAME **RS ANDERSON, JOANNA**  
 STREET ADDRESS **1307 TIMBER TRACE DR**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE  Change  Addition  
 NAME **RS Karyn Moses**  
 STREET ADDRESS **35050 Dolphin Lake Dr.**  
 CITY-ST-ZIP **Zephyrhills, FL 33541**

TITLE  Delete  
 NAME **PP PUTMAN, BARBARA**  
 STREET ADDRESS **38586 CENTRAL AVE.**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33548**

TITLE  Change  Addition  
 NAME **PP Diane Halterman**  
 STREET ADDRESS **35449 Bill Dr.**  
 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE  Delete  
 NAME **PE RICHARD, NORA**  
 STREET ADDRESS **6848 LUM DR.**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE  Change  Addition  
 NAME **PE Sheri Schwab**  
 STREET ADDRESS **5301 Bernadette Dr.**  
 CITY-ST-ZIP **Zephyrhills FL 33541**

TITLE  Delete  
 NAME **T LACEY, KATHY**  
 STREET ADDRESS **5118 FOX HUNT DR.**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE  Change  Addition  
 NAME **T Karen Barfield**  
 STREET ADDRESS **3770 Oak Run Cir.**  
 CITY-ST-ZIP **Zephyrhills, FL 33549**

TITLE  Delete  
 NAME **D SCHWAB, SHERI**  
 STREET ADDRESS **5301 BERNADETTE DR.**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE  Change  Addition  
 NAME **D Lani Prillman**  
 STREET ADDRESS **6402 Huntington Dr.**  
 CITY-ST-ZIP **Zephyrhills, FL 33541**

TITLE  Delete  
 NAME **D KAYLOR, JENNIFER**  
 STREET ADDRESS **37326 BAILEY HILL RD.**  
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE  Change  Addition  
 NAME **D Kathy Sullivan**  
 STREET ADDRESS **6648 Juniper Ct.**  
 CITY-ST-ZIP **Zephyrhills FL 33541**

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: Sheri Schwab  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 813-794-6329  
 Date Daytime Phone #

CR2E037 (10/00)