

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90110 021 \*\*\*\*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** incorrect  
 US

P.O. BOX 624  
 ZEPHYRHILLS FL **33539** incorrect  
 US

2. Principal Place of Business

3. Mailing Address

*same as above*

*same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33541**

**33541**

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

**MCLEOD, FRAN**  
**35445 LAKE EDWARD DRIVE**  
**ZEPHYRHILLS FL 33541**

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

*Francis M. Cleod*

*1/17/02*

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	RS	<input type="checkbox"/> Delete
NAME	ANDERSON, JOANNA	
STREET ADDRESS	1307 TIMBER TRACE DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	PP	<input type="checkbox"/> Delete
NAME	PUTMAN, BARBARA	
STREET ADDRESS	38586 CENTRAL AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33548	
TITLE	PE	<input type="checkbox"/> Delete
NAME	RICHARD, NORA	
STREET ADDRESS	6848 LUM DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input type="checkbox"/> Delete
NAME	LACEY, KATHY	
STREET ADDRESS	5118 FOX HUNT DR.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWAB, SHERI	
STREET ADDRESS	5301 BERNADETTE DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAYLOR, JENNIFER	
STREET ADDRESS	37326 BAILEY HILL RD.	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	march Cindi	
STREET ADDRESS	36536 Clinton Ave	
CITY-ST-ZIP	Dade City, Fl 33525	
TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haltermon Dione	
STREET ADDRESS	35449 Bill Dr.	
CITY-ST-ZIP	Zephyrhills, Fl 33541	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwab Sheri	
STREET ADDRESS	5301 Bernadette Dr.	
CITY-ST-ZIP	Zephyrhills, Fl 33541	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barfield Koren	
STREET ADDRESS	3204 Brookstone Dr.	
CITY-ST-ZIP	wesley Chapel, Fl 33544	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moses Karyn	
STREET ADDRESS	35050 Dolphin Lake Dr	
CITY-ST-ZIP	Zephyrhills, Fl 33541	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prillimon Loni	
STREET ADDRESS	6402 Huntington Dr	
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:

*Francis M. Cleod*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/02*

Date

Daytime Phone #

CR2E037 (9/01)