

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90691 017 ****61.25

0082517

DOCUMENT # N12891

1. Entity Name

PILOT CLUB OF ZEPHYRHILLS, FLORIDA, INC.



Principal Place of Business

P.O. BOX 624
ZEPHYRHILLS FL 33539
US

Mailing Address

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCLEOD, FRAN
35445 LAKE EDWARD DRIVE
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name

KATHY SULLIVAN (KATHLEEN)

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

6648 JUNIPER COURT

City

ZEPHYRHILLS

FL

Zip Code

33542

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

Kathleen A Sullivan

3-15-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **RS** Delete
NAME **MARCH, CINDI**
STREET ADDRESS **36536 CLINTON AVE**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **PP** Delete
NAME **HOLLERMON, DIONE**
STREET ADDRESS **35449**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **PE** Delete
NAME **SCHWAB, SHERI**
STREET ADDRESS **5301 BERNADETTE DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

TITLE **T** Delete
NAME **BARFIELD, KAREN**
STREET ADDRESS **32042 BROOKSTONE DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

TITLE **D** Delete
NAME **MOSES, KARYN**
STREET ADDRESS **35050 DOLPHIN LAKE DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D** Delete
NAME **PRILLIMON, LONI**
STREET ADDRESS **6402 HUNTON DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** Change Addition
NAME **KATHLEEN SULLIVAN**
STREET ADDRESS **6648 JUNIPER CT**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

TITLE **PE** Change Addition
NAME **KARYN MOSES**
STREET ADDRESS **35050 DOLPHIN LAKE DR**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **RS** Change Addition
NAME **KAREN BARFIELD**
STREET ADDRESS **32042 BROOKSTONE DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33544 (WESLEY CHAPEL)**

TITLE **T** Change Addition
NAME **LANI PRILLIMAN**
STREET ADDRESS **6402 HUNTINGTON DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

TITLE **D** Change Addition
NAME **JEAN BRANDENBURG**
STREET ADDRESS **5705 WEDGEFIELD DR**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **D** Change Addition
NAME **BARBARA PITMAN**
STREET ADDRESS **38506 CENTRAL AVE**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

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:

Kathleen A Sullivan

3-15-03 813-780-4278

CR2E037 (10/02)