

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14055

1. Entity Name

PILOT CLASS 43-D ASSOCIATION, INC.

Principal Place of Business

316 FLORIDA AVENUE
GULF BREEZE FL 32561-4242
US

Mailing Address

316 FLORIDA AVENUE
GULF BREEZE FL 32561

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

59-2603693

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

DUTKO, FRANCIS J.
316 FLORIDA AVE.
GULF BREEZE FL 32561

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	PD	<input type="checkbox"/> Delete
NAME	DUTKO, FRANCIS J.	
STREET ADDRESS	316 FLORIDA AVE.	
CITY-ST-ZIP	GULF BREEZE FL 32561-4242	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, CHARLES L	
STREET ADDRESS	8801 SW 116 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ONDRE, EDWARD E	
STREET ADDRESS	1496 SAN LEANDRO LANE	
CITY-ST-ZIP	SANTA BARBARA CA 93108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESSERT, DONALD	
STREET ADDRESS	331 RAVEN ROCK LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINSON, W.C.	
STREET ADDRESS	P O BOX 1156	
CITY-ST-ZIP	GARDNERVILLE NV 89410	
TITLE	T	<input type="checkbox"/> Delete
NAME	KORTHALS, DICK	
STREET ADDRESS	2880 INSPIRATION DR	
CITY-ST-ZIP	COLORADO SPRINGS CO	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONDRE, EDWARD E.	
STREET ADDRESS	18043 MIRASOL DR.	
CITY-ST-ZIP	SAN DIEGO, CA 92128	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLLA, FRANK J.	
STREET ADDRESS	617 CROWNRISE DR.	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLASIENSKI, EDWARD D.	
STREET ADDRESS	55 WOODSIDE TERRACE	
CITY-ST-ZIP	WESTFIELD, MA 01086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 J. Dutko REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Jan 2002
Date

850-932-3467
Daytime Phone #

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90008 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)