2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90107 009 ****61.25

DOCUMENT # N95000004277

1. Entity Name

THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WING

Principal Place of Business	Mailing Address
1621 GULF BLVD.. #1501 CLEARWATER FL 33767-2966	1621 GULF BLVD.. #1501 CLEARWATER FL 33767-2966

DO NOT WRITE IN THIS SPACE

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 59-3347255 ☐ 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
LONG, LESTER W 7001 7TH AVE WEST BRADENTON FL 34209	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MELCHER, ROBERT A 8280 61ST NORTH PINELLAS PARK FL 33781	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D JOHN M. WILKE 424 LAZY LAKE DR. WEST LAKELAND, FL 33801-6404	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D LONG, LESTER W 7001 7TH AVE WEST BRADENTON FL 34209-3411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D PAYTON, SOPHIA M 162 GULF BLVD. #1501 CLEARWATER FL 33767-2966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D JOHN H WILKE 424 LAZY LAKE DR WEST LAKELAND FL 33801-6404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D MERLYN FRANCK 93 OAKWOOD DR. DUNEDIN, FL 34698 8217	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYTON, SOPHIA M 1621 GULF BLVD #501 CLEARWATER FL 33767-2966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Sophia M Payton SOPHIA M. PAYTON 1-18-01 (727) 596-4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #