

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003210

Entity Name

PILOT CLUB OF YBOR CITY INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-17-2000 90911 036 ****61.25

Principal Place of Business 3405 TYSON AVENUE FL 33611	Mailing Address 3405 TYSON AVENUE TAMPA FL 33611-4317
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 11525 Areca Rd Suite, Apt. #, etc.	3. Mailing Address 11525 Areca Rd Suite, Apt. #, etc.
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City & State Tampa, FL Zip 33618 Country Hillsborough	City & State Tampa FL Zip 33618 Country Hillsborough
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4. FEI Number 59-3444639	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, CAROLY J
3405 TYSON AVENUE
TAMPA FL 33611

7. Name and Address of New Registered Agent	
Name Blanche DeLaCruz	Street Address (P.O. Box Number is Not Acceptable) 11525 Areca Rd.
City Tampa	FL Zip Code 33618

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: Carolyn J. Duke
Signature, typed or printed name of registered agent and state applicable.

(NOTE: Registered Agent signature required when reinstating)

5-15-00

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 P	☒ Delete	TITLE D	☒ Change ☐ Addition
NAME STEPHANIE OLENOSKI		NAME Carolyn Duke	
STREET ADDRESS 1348 HARBOR LAKE DR		STREET ADDRESS 3405 Tyson Ave	
CITY-ST-ZIP LARGO FL 33770		CITY-ST-ZIP Tampa FL 33611	
TITLE VP	☐ Delete	TITLE D	☐ Change ☒ Addition
NAME BLANCHE DE LACRUZ		NAME President Elect	
STREET ADDRESS 11525 ARECA RD		STREET ADDRESS Rossi Ramos	
CITY-ST-ZIP TAMPA FL 33618		CITY-ST-ZIP 13807 Khilan Ct	
TITLE T	☐ Delete	TITLE Recording Secretary	☐ Change ☒ Addition
NAME CAROLYN DUKE		NAME Julia Spaulding	
STREET ADDRESS 3405 TYSON AVE		STREET ADDRESS 12101 N. Dale Mabry Hwy Apt 1416	
CITY-ST-ZIP TAMPA FL 33611		CITY-ST-ZIP Tampa FL 33618	
TITLE D	☒ Delete	TITLE Corresponding Secretary	☐ Change ☒ Addition
NAME JOANNE HUBERT		NAME Anne Noya	
STREET ADDRESS 3941 DORAL DR		STREET ADDRESS 2702 State St	
CITY-ST-ZIP TAMPA FL 33634		CITY-ST-ZIP Tampa FL 33609	
TITLE D	☒ Delete	TITLE D	☒ Change ☐ Addition
NAME ADELLA ARGUELLES		NAME Blanche DeLaCruz	
STREET ADDRESS 3211 SW ANN AVE #311		STREET ADDRESS 11525 Areca Rd	
CITY-ST-ZIP TAMPA FL 33609		CITY-ST-ZIP Tampa FL 33618	
TITLE [Blank]	☐ Delete	TITLE [Blank]	☐ Change ☐ Addition
NAME [Blank]		NAME [Blank]	
STREET ADDRESS [Blank]		STREET ADDRESS [Blank]	
CITY-ST-ZIP [Blank]		CITY-ST-ZIP [Blank]	

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: Carolyn J. Duke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4-26-2000

Date

813-8372563

Daytime Phone #

CR2E037 (9/99)