

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

07-12-2001 90119 025 ****61.25

DOCUMENT # N97000003210

1. Entity Name

PILOT CLUB OF YBOR CITY INC.

Principal Place of Business

11525 ARECA ROAD
TAMPA FL 33618

Mailing Address

11525 ARECA ROAD
TAMPA FL 33618

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3444639

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DELE CRUZ, BLANCHA
11525 ARECA ROAD
TAMPA FL 33618

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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

TITLE	P	☒ Delete
NAME	STEPHANIE OLENOSKI	
STREET ADDRESS	1348 HARBOR LAKE DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VP	☐ Delete
NAME	BLANCHE DE LACRUZ	
STREET ADDRESS	11525 ARECA RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DIRECTOR	☒ Delete
NAME	CAROLYN DUKE	
STREET ADDRESS	3405 TYSON AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	☒ Delete
NAME	JOANNE HUBERT	
STREET ADDRESS	3941 DORAL DR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	DIRECTOR	☐ Delete
NAME	ADELLA ARGUELLES	
STREET ADDRESS	3211 SW ANN AVE #311	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	☐ Change ☒ Addition
NAME	ROSSI RAMOS	
STREET ADDRESS	1401 S. DAYVILLA PL. #B	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS.	☐ Change ☒ Addition
NAME	DANA PINES	
STREET ADDRESS	9139 CLIFF LAKE LN	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DORINDA RODRIGUEZ	
STREET ADDRESS	11633 COUNTRY RUN RD	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		☐ Change ☐ 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:

BLANCHE DE LACRUZ
Blanche De Lacruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-01 813/933-8394

Date

Daytime Phone #

CR2E037 (5/01)