

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00270

1. Entity Name

THE PILOT GROUP, L.C.

Principal Place of Business

255 S ORANGE AVE
ORLANDO FL 32801

Mailing Address

P.O. BOX 1907
ORLANDO FL 32802-1907

2. Principal Place of Business

1801 S. Summerlin Ave.

3. Mailing Address

1801 S. Summerlin Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806-4020

Country

U.S.A.

Zip

32806-4020

Country

U.S.A.

4. FEI Number

59-3024491

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SENTERFITT, DONALD T

255 S ORANGE AVE

FIRSTSTATE TOWER

ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name SENTERFITT, Donald T.

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

1801 S. Summerlin Ave.

City Orlando,

FL

Zip Code 32806

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

Donald T. Senterfitt
Donald T. Senterfitt

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

900004430299--1

-06/19/01--01083--018

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE M
NAME AKERMAN, SENTERFITT EIDS
STREET ADDRESS 255 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE M
NAME MILLER HAMILTON SNIDER
STREET ADDRESS 254 STATE ST
CITY-ST-ZIP MOBILE AL

☐ Delete

TITLE M
NAME SENTERFITT, DONALD T
STREET ADDRESS 255 ORANGE AVE
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Donald T. Senterfitt, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

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