

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90105 017 ****61.25

DOCUMENT # 709281

1. Entity Name

FLORIDA AGRICULTURAL AVIATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2720 SNEED ROAD
 FORT PIERCE FL 34945
 US

2720 SNEED RD
 FORT PIERCE FL 34945
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1429837

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STONE, CHARLES, JR.
2720 SNEED ROAD
FT. PIERCE FL 34945

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 Delete
 NAME **STD**
STONE, CHARLES JR.
 STREET ADDRESS **2720 SNEED ROAD**
 CITY-ST-ZIP **FT PIERCE, FL 00000**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
RODRIGUEZ, ADRIAN
 STREET ADDRESS **BELLE GLADE AIRPAORT**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PED**
TURNQUIST, LEE
 STREET ADDRESS **1130 LAKESHORE BLVD**
 CITY-ST-ZIP **LAKE WALES FL 33859**

Change Addition
 TITLE **President / Director**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
STORY, TERRY
 STREET ADDRESS **HWY 64 WEST**
 CITY-ST-ZIP **AVON PARK FL 33858**

Change Addition
 TITLE **President Elect / Director**
 NAME **Summersill, Tom**
 STREET ADDRESS **16355 E. Grand National Drive**
 CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE **Director**
 NAME **Bill Malone**
 STREET ADDRESS **12245 NE 56th Avenue**
 CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 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: Charles Stone, Jr. **Charles Stone, Jr.** Sec/Treasurer Feb. 22, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)