

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90005 036 \*\*\*\*61.25

**DOCUMENT # 712388**

1. Entity Name

**EXPERIMENTAL AIRCRAFT ASSOCIATION, INC., MANASOT**

Principal Place of Business

Mailing Address

3914 HIDDEN RIVER RD  
 SARASOTA FL 34240  
 US

3914 HIDDEN RIVER RD  
 SARASOTA FL 34240-9177  
 US

2. Principal Place of Business

3. Mailing Address

3471 HIDDEN RIVER RD  
 Suite, Apt. #, etc.

SAME  
 Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

4. FEI Number

59-2633611

Applied For

Not Applicable

Zip

Country

Zip

Country

34240

US

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

REEVES, ROBERT L.  
 3914 HIDDEN RIVER RD  
 SARASOTA FL 34240

Name: **WAYNE SCHOBEL**  
 Street Address (P.O. Box Number is Not Acceptable)

3471 HIDDEN RIVER RD  
 City: **SARASOTA** FL Zip Code: **34240**

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

*Wayne Schobel*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-00

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	<input checked="" type="checkbox"/> Delete
NAME	FETT, ROBERT	
STREET ADDRESS	1380 FOX CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAUL CARSON	
STREET ADDRESS	5800 N. LOCKWOOD RIDGE RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, JOHN	
STREET ADDRESS	635 N. LIME AVE. #202	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMSON, JOHNNY	
STREET ADDRESS	604 CAMELLIA AVE.	
CITY-ST-ZIP	ELLENTON FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REEVES, ROBERT	
STREET ADDRESS	3914 HIDDEN RIVER RD.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, R. BLAISE	
STREET ADDRESS	10008 SANDPIPER RD.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE SCHOBEL	
STREET ADDRESS	3471 HIDDEN RIVER RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Wayne Schobel, Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00  
 Date

(941)355-3105  
 Daytime Phone #

CR2E037 (9/99)