2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State
01-18-2001 90010 048 ****70.00

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DOCUMENT # 728920

1. Entity Name

THE FLORIDA STATE PILOTS' ASSOCIATION INCORPORAT

Principal Place of Business	Mailing Address
1509 LAIRD ST KEY WEST FL 33040 US	C/O MICHAEL J MCGRAW PO BOX 1473 KEY WEST FL 33041 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
311 EAST PARK AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State
Zip: 32301 Country: USA	Zip Country

4. FEI Number 23-7354479 ☐ Applied For ☐ Not Applicable

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
MCGRAW, MICHAEL J 1509 LAIRD ST KEY WEST FL 33040	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NADEAU, STEPHEN 16485 COLLINS AVE SUITE 2634 SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HDYE, KEITH 4426 CARYOTA DR FT LAUDERDALE FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VISO, JORGE 2622 W CONLEY AVE TAMPA FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, JOSEPH 14852 PLUMOSA DR JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCGRAW, MICHAEL 1509 LAIRD ST KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: MICHAEL J. MCGRAW 1/9/01 305 295 3347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #