

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90285 010 ****61.25

DOCUMENT # 734822

1. Entity Name

MID FLORIDA CHAPTER 534, EXPERIMENTAL AIRCRAFT A

Principal Place of Business

Mailing Address

1713 ORKNEY DRIVE
 LEESBURG FL 34788
 US

1713 ORKNEY DRIVE
 LEESBURG FL 34788-7647
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2411445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, ROGER L
1713 ORKNEY DRIVE
LEESBURG FL 34788

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WEBER, JOHN H	
STREET ADDRESS	10349 BAY ST	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WEBER, JOHN	
STREET ADDRESS	10349 BAY STREET	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, EARL	
STREET ADDRESS	35904 SHELLY DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARPER, ROGER L	
STREET ADDRESS	1713 ORKNEY DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FULLER, DAVID	
STREET ADDRESS	182 E LAKEVIEW STREET	
CITY-ST-ZIP	UNATILLA FL 32748	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONDERMAN, WILLIAM	
STREET ADDRESS	14 CYRESS DR.	
CITY-ST-ZIP	EUSTIS FL 32726	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURITS LARSEN	
STREET ADDRESS	29248 DAVID CT.	
CITY-ST-ZIP	TAUARES, FL 32778	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR POE	
STREET ADDRESS	33045 LAKESHORE DR.	
CITY-ST-ZIP	TAUARES, FL 32778	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE D. JOHNSON	
STREET ADDRESS	302 IVANHOE DRIVE	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL JOHNS	
STREET ADDRESS	P.O. BOX 350686	
CITY-ST-ZIP	GRAND ISLAND, FL 32735	
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: *ROGER L. HARPER* **ROGER L. HARPER** 4/26/00 (352) 742-3100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)