

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90106 034 ****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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2411445

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	LARSEN, LAURITS	29248 DAVID CT.	TAVARES FL 32778	<input type="checkbox"/>	<input type="checkbox"/>
VD	POE, ARTHUR	33045 LAKESHORE DR.	LEESBURG FL 34788	<input type="checkbox"/>	<input type="checkbox"/>
SD	JOHNSON, JACKIE D	302 IVANHOW DR.	LADY LAKE FL 32159	<input type="checkbox"/>	<input type="checkbox"/>
TD	HARPER, ROGER L.	1713 ORKNEY DRIVE	LEESBURG FL 34788	<input type="checkbox"/>	<input type="checkbox"/>
D	JOHNS, EARL	PO BOX 350686	GRAND ISLAND FL 32735	<input type="checkbox"/>	<input type="checkbox"/>
D	CONDERMAN, WILLIAM	14 CYRESS DR.	EUSTIS FL 32726	<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

352-742-3100

Date

Daytime Phone #

CR2E037 (10/00)