

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750520

1. Entity Name

FLORIDA AVIATION HISTORICAL SOCIETY, INC.

Principal Place of Business

C/O EDWARD C. HOFFMAN
99 EAST ORANGE STREET
TARPON SPRINGS FL 34689

Mailing Address

C/O EDWARD C. HOFFMAN
99 EAST ORANGE STREET
TARPON SPRINGS FL 34689

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HOFFMAN, EDWARD G.
99 EAST ORANGE STREET
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Michael Majar

Street Address (P.O. Box Number is Not Acceptable)

4640 Birdsong Blvd

City

Lutz

FL

Zip Code

33633549

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMAN, EDWARD C.	
STREET ADDRESS	99 E. ORANGE ST.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOFFMAN, JANE	
STREET ADDRESS	900 BAYSHORE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOOPER, FLORANCE	
STREET ADDRESS	2960 59TH STREET	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, WARREN	
STREET ADDRESS	10912 HAMLIN BLVD.	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST ARNOLD, RUSSELL	
STREET ADDRESS	772 CHESAPEAKE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	ETTINGER, MIKE	
STREET ADDRESS	6294 BAHIA DELMAR CIR	
CITY-ST-ZIP	ST PETERSBURG FL 33715	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<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:

SIGNATURE REQUIRED 4/13/01 2001

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90205 041 ****70.00

004410



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2103284

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

CR2E037 (10/00)